



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services



## Municipality Request to Change Primary Service Area Responder

This form must be completed and submitted for a municipality to petition and/or request to remove, change, or suspend its Primary Service Area Responder (PSAR) under the following provision(s) of the Connecticut General Statutes (“the Statutes”), and/or the Regulations of Connecticut State Agencies (“the Regulations”).

\_\_\_\_\_ (name of municipality) is requesting (check all that apply):

Pursuant to Section 19a-181c (b) (1) of the Statutes - **Remove the current PSAR alleging that a performance crisis exists** (include all supporting documentation as attachments to this form).

Pursuant to Section 19a-181c (b) (2) of the Statutes - **Remove the current PSAR responder alleging unsatisfactory performance of the responder** (include all supporting documentation as attachments to this form).

Pursuant to Section 19a-181d of the Statutes - **A hearing be held by DPH as it cannot reach a written agreement with the current PSAR concerning performance standards** (include all supporting documentation as attachments to this form).

Pursuant to Section 19-181f of the Statutes - **Change the PSAR for the municipality by submission of an alternative local emergency medical services plan** (include as an attachment) for the following reasons (check all that apply):

The municipality’s current PSAR has failed to meet the standards outlined in the local emergency medical services plan, established pursuant to section 19a-181b of the Statutes.

The municipality has established a performance crisis or unsatisfactory performance, as defined in Section 19a-181c of the Statutes.

The current PSAR does not meet a performance measure provided in regulations adopted pursuant to section 19a-179 of the Statutes.

The municipality has developed a plan for regionalizing service.

The municipality has developed a plan that will improve or maintain patient care and the municipality has the opportunity to align a new primary service area responder that is better suited than the current primary service area responder to meet the community’s current needs.



**MUNICIPALITY REQUEST TO CHANGE PSAR**

- Suspend the current primary service area responder because an emergency exists and the safety, health, and welfare of the citizens are in jeopardy pursuant to Section 19a-179-4(e) of the Regulations.

**Current PSAR:** \_\_\_\_\_  
Connecticut Certificate/License No.: \_\_\_\_\_

**Proposed new PSAR:** \_\_\_\_\_  
Connecticut Certificate/License No.: \_\_\_\_\_

**Level of Service provided:**

- First Responder  Basic Ambulance  Advanced Life Support

Submitted by,

\_\_\_\_\_  
(Municipality CEO name - PRINT)

\_\_\_\_\_  
(Municipality CEO signature)

\_\_\_\_\_  
(Date)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
In \_\_\_\_\_, on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me, a Notary Public in and for the above state and county, personally appeared \_\_\_\_\_, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

(SEAL)

**Submit this form, along with all supporting documentation, to:**  
State of Connecticut Department of Public Health  
Office of Emergency Medical Services  
410 Capitol Avenue, MS#12EMS  
P.O. Box 340308  
Hartford, CT 06134-0308