



Application for Approval of a Maryland Hospital as a Base Station Under COMAR 30.03.06

A base station approved under COMAR 30.03.06 is required to comply with the regulations in that chapter. A copy of those regulations, together with applicable definitions, is available on the [MIEMSS website](#).

This application should be completed, dated, executed by the hospital and uploaded to the Base Station Portal.

1. Base Station Hospital.

Is the Hospital currently licensed as a hospital by the Maryland Department of Health? **YES/NO**

Hospital Name (“Hospital”)

Hospital Mailing Address

City

State

Zip Code

Phone

Fax

2. Person to contact regarding this application.

Name

Title

Mailing Address

City

State

Zip Code

Phone

Fax

Email Address



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3. **Base Station Medical Director** (Physician licensed or otherwise authorized to practice medicine by the Maryland State Board of Physicians under Health Occupations Article, Title 14, Annotated Code of Maryland), who will serve as the Base Station Director.

Name

Maryland Physician License Number

Mailing Address

City

State

Zip Code

Phone

Fax

Email Address

Board Certification or Board-Eligible in the following specialties

Date of latest MIEMSS-approved base station course completed: _____

4. **Base Station Coordinator** (licensed registered nurse who will serve as the Base Station Coordinator)

Name

Maryland Nursing License Number

Mailing Address

City

State

Zip Code

Phone

Fax

Email Address

Date of latest MIEMSS-approved base station course completed: _____



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5. Base station experience.

Is Hospital a currently approved base station? **YES/NO**

6. What clinical training sites are available for EMS personnel?

Enter (O) for observational, and (S) if skills are performed

<input type="checkbox"/> Delivery Rooms	<input type="checkbox"/> Adult Emergency Department
<input type="checkbox"/> Nursery	<input type="checkbox"/> Pediatric Emergency Department
<input type="checkbox"/> Operating and Recovery Rooms	<input type="checkbox"/> Intensive/Critical Care Units
<input type="checkbox"/> Catheterization Laboratory	<input type="checkbox"/> Pediatric In-patient Unit
<input type="checkbox"/> Behavioral Health Unit	<input type="checkbox"/> Adult In-patient Unit
<input type="checkbox"/> Respiratory Therapy	Other: _____

7. Will Hospital maintain EMS consultation records using standardized MIEMSS radio report form as patient record and quality assurance? **YES/NO**

8. Will Hospital notify the State EMS Medical Director of changes in the Base Station Medical Director or Base Station Coordinator within 2 weeks of any changes? **YES/NO**

9. Communications equipment.

By executing this application, Hospital agrees to the following conditions concerning communications equipment to be used for consultation and listening via the Emergency Medical Resource Center at MIEMSS:

- A. MIEMSS shall provide and install communications equipment to allow Hospital to communicate with emergency medical services providers via the MIEMSS Emergency Medical Resource Center (“Operator Equipment”). The Operator Equipment shall remain the property of MIEMSS.
- B. MIEMSS shall maintain the Operator Equipment. Hospital shall notify MIEMSS Communications Repair Service at 410-706-3668 or 800-492-1185 of any technical difficulties with the Operator Equipment.
- C. Hospital shall provide a duplex (two outlet) electrical outlet connected to the emergency power system at the location of the Operator Equipment in the emergency room.
- D. MIEMSS shall be responsible for installation, maintenance and costs (including operating costs) of a four-wire radio loop RTNV telephone line to the hospital frame room (demarc). Hospital shall be responsible for running a similar line with a RJ45 jack meeting MIEMSS specifications, from the frame room to the emergency room.
- E. In support of the EMS Communications system and pre-hospital care, each hospital shall allow MIEMSS access for MIEMSS equipment installation, maintenance, and repair throughout the hospital to implement private microwave or leased connectivity to the



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MIEMSS Communications Centers. Typical areas where MIEMSS requires access are: IT closets, data centers, communications closets, telephone frame rooms, wiring distribution centers, command centers, emergency departments, roof level equipment rooms and antenna mounting locations, and facility maintenance areas as required.

- F.** In addition, MIEMSS requires access to existing copper and fiber cabling plants, dependent upon the connectivity points within each individual facility's layout. Due to the mission criticality of the communications system, MIEMSS technicians will need 24/7/365 access to all of these areas and will need contacts within each facility in order to provide for efficient maintenance and repair of the deployed equipment. Typical equipment to be installed in support of MIEMSS independent network include IP Phones, switches, routers, channel banks, multiplexes, Point-to-Point microwave radios, power plant and batteries, and miscellaneous equipment as required. Select facilities also house UHF radio base stations and associated equipment in support of the EMS system.



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This application is submitted by Hospital, and the information contained herein is true and correct.

Witness or Attest:

Hospital CEO, Administrator or Designee

Signature Date

Printed Name: _____

Title: _____

Emergency Department/Trauma Center/Specialty Center Medical Director

Signature Date

Printed Name: _____

Title: _____

Base Station Medical Director

Signature Date

Printed Name: _____

Base Station Coordinator

Signature Date

Printed Name: _____