

KY EMS Pediatric Emergency Care Coordinator (PECC) Designation Form

Agency Name

KY EMS Agency License #(s)

Director Name

Email

Phone

Type or write initials below to acknowledge the following:

_____ On behalf of my agency, I am designating the following individual to serve as the PECC and to be identified within the agency KEMSIS account as the PECC.

_____ The PECC will serve as the primary point of contact between the KYEMSC Program and this agency to facilitate the exchange and dissemination of information pertinent to pediatric emergency care.

_____ The PECC will work collaboratively with agency leadership and medical direction; the EMS agency leadership retains all authority to make decisions and/or commitments on behalf of the agency.

The designated PECC need not be dedicated solely to this role; it can be an individual already in place who assumes this role as part of their existing duties. Please indicate the primary role this individual fills within your agency below.

The PECC for my agency is:

- Training Officer/Coordinator
- Supervisor
- Front line staff (Paramedic Advanced EMT EMT EMR)
- Medical Director
- Agency Deputy Director
- Agency Director
- Other

This PECC will serve:

- One agency (may have multiple licenses and stations but identifies as a single agency)
- Multiple agencies (indicate in the box below the names, locations, and license numbers of all agencies served by this PECC)

Name of PECC

Title

PECC Email

Phone