2018 Mission: Lifeline Application Questions:

Are you ready to begin the 2017 Mission: Lifeline EMS Application?

- YES (click the "Next" button in the lower right corner of your screen)
- NOT YET (please close your browser window)

Start of Block: Individual or Joint Application

Select the Application that will be completed and submitted.

- Individual Application (Stand alone or Team option)
- Joint Application

INDIVIDUAL APPLICATION * Please provide the contact and agency information of the individual who should receive the final Mission: Lifeline award notification. Note that
the address you provide may be used as a point of reference for your agency in AHA-produced EMS Recognition maps.

JOINT APPLICATION NOTE: The following contact and agency information fields would need to be completed for both agencies applying through a joint application.

- First name ___________________________________________
- Last name ___________________________________________
- Title ________________________________________________
- Agency/Department Name _______________________________
- Street Address _________________________________________
- Street Address (Continued) _____________________________
- City ________________________________________________
- State (two-letter abbreviation) ___________________________
- Zip code ____________________________________________
- Primary Contact’s Email address _________________________
- Secondary Email address _______________________________
- Phone number _________________________________________
- EMS Agency State ID Number ____________________________
- State (two-letter abbreviation) associated with above State ID # _________

Q6 *Population served: (Please provide the approximate population served by your service area rounded to the nearest thousand, e.g. 45,000)

________________________________________________________________

Q7 *Agency’s total annual call volume:

________________________________________________________________
Q8 *Type of service:

- Private Ambulance
- County or Municipal Fire
- Volunteer Fire
- County or Municipal EMS
- Hospital Based EMS
- Air
- Other ________________________________

Q9 *Does your agency transport?

- Yes
- No

Q10 *Pre-hospital type: (select one)

- EMS Ground - Non-fire Department
- Air Ambulance
- Fire Department/EMS
- Medical First Responder (unable to transport)

Q11 *The American Heart Association has permission to publish the award status of this agency. By providing this authorization, it will remain in effect until written notice is provided to
the American Heart Association or until program participation has ended. Below are some examples of where the award status might be published: · Recognition Events · Advertisements · Conference banners/signage · AHA Websites, Mission: Lifeline Network, digital media, mobile apps

☐ AGREE - Please enter the exact name of the agency below - which will be how AHA will publish the agency's name in any future publication opportunities as listed above. For agencies with a broad multi-state presence, suggest to enter EMS Company Name - XYZ Division or Region, in order to designate the different regional agencies operating under a single corporate entity. ____________________________________________________

☐ DO NOT AGREE

Start of Block: STEMI Receiving or Referring Trigger

Q18 * Please select transport destination of the STEMI patients that will be reported for Mission: Lifeline EMS Recognition:  (check all that apply)

STEMI patients transported to a STEMI Receiving Center as a transfer from a STEMI Referring Hospital are NOT to be included in the First Medical Contact to PCI measure denominators.

STEMI patients transported to a STEMI Referring Hospital when Fibrinolytics are NOT administered are NOT to be included in the Arrival to Lytics measure denominators.

☐ STEMI Receiving Center (Transports from the field to a PCI hospital(s))

☐ STEMI Referring Hospital (Transports patients from the field to a Non-PCI hospital(s))

MEASURE 1 - Percent 12 Lead ECG Acquired

Q19  Measure 1 – Percent of 12 lead ECG acquired

Inclusion Criteria:  Patients with non-traumatic chest pain

AND 35 years of age or over

AND transported

* Questions with an asterisk (*) are mandatory.

Enter a zero "0" when there is no data to report.
Q20 * DENOMINATOR - Report the total number of patients that meet the above inclusion criteria. Number of Non-Traumatic Chest pain patients, 35 years of age and older, and transported to a hospital:

Quarter 1_2017 : _______
Quarter 2_2017 : _______
Quarter 3_2017 : _______
Quarter 4_2017 : _______
Total : _______

Q21 * NUMERATOR - Report the number of patients, included above, who received a pre-hospital 12 lead ECG. Number of non-traumatic chest pain patients, 35 years and older and transported to a hospital that received a pre-hospital 12 lead ECG:

Quarter 1_2017 : _______
Quarter 2_2017 : _______
Quarter 3_2017 : _______
Quarter 4_2017 : _______
Total : _______
MEASURE 2: % PRE-HOSPITAL FIRST MEDICAL CONTACT TO PCI IN 90 MINUTES OR LESS

Q278 Measure 2 – Percent FMC (First Medical Contact) to Device Activation/Primary PCI in 90 minutes or less.

Inclusion Criteria: Patients 18 years of age or over,
AND With a STEMI noted on pre-hospital ECG,
AND transported to a STEMI Receiving Center
AND Primary PCI was performed.

* Questions with an asterisk (*) are mandatory. Enter a zero “0” when there is no data to report.

Q279 * DENOMINATOR - Report the total number of patients who meet the above inclusion criteria. Number of patients 18 years of age or older, with STEMI noted on pre-hospital ECG, who are transported directly to a STEMI Receiving Center AND who had Primary PCI performed:
Quarter 1_2017: _______
Quarter 2_2017: _______
Quarter 3_2017: _______
Quarter 4_2017: _______
Total: _______

Q281 * NUMERATOR - Report the number of patients, included above, where the total time from FMC (first medical contact) to device activation/Primary PCI was achieved in 90 minutes or less. Number of patients 18 years of age or older, with STEMI noted on pre-hospital ECG, who are transported directly to a STEMI Receiving Center AND who had Primary PCI performed in 90 minutes or less:
Quarter 1_2017: _______
Quarter 2_2017: _______
Quarter 3_2017: _______
Quarter 4_2017: _______
Total: _______

Q283 Outlier Volume – Reporting outlier volume is required only when exclusions are going to be claimed (in the following question)
Report the number of patients, included in the denominator volumes above, where the total time from pre-hospital FMC to device activation/Primary PCI was **GREATER** than 90 minutes.

*Check the math* - *(Adding the Outlier volumes to the volumes reported in the Numerator will equal the volumes reported in the Denominator.)*

Outlier Volume + Numerator Volume = Denominator Volume

By quarter, provide the number of outliers *(patients where FMC to device activation/Primary PCI is greater than 90 minutes):*

- Quarter 1_2017 : ______
- Quarter 2_2017 : ______
- Quarter 3_2017 : ______
- Quarter 4_2017 : ______
- Total: ______

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**Q285 Exclusions** – Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)? If so, provide the total number of individual patients, by quarter having one or more of the allowable exclusions as stated below.

- **Delay in patient or family providing consent for treatment and transport (prehospital/in-hospital)**
- **Delay caused by patient experiencing cardiac arrest and the need for intubation (prehospital/in-hospital)**
- **Delay caused by initial prehospital ECGs being negative for STEMI**
- **Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care. (prehospital/in-hospital)**
- **Delay caused by difficulty in accessing femoral or radial artery (in the cath lab)**
- **Delay caused by difficulty in crossing the coronary lesion (in the cath lab)**

**NEW for 2018** - Extended Travel Time Delay may be utilized as an exclusion when:

- EMS FMC to PCI > 90 Minutes but <120 Minutes
- EMS FMC to 12 Lead ECG Time < 10 Minutes
- First STEMI positive 12 Lead ECG time to Hospital Notification Time <10 Minutes.

- Quarter 1_2017 : ______ (1)
- Quarter 2_2017 : ______ (2)
- Quarter 3_2017 : ______ (3)
- Quarter 4_2017 : ______ (4)
- Total : ______

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**MEASURE 3: REFERRING CENTER ARRIVAL TO LYtic ADMIN IN 30 MINUTES OR LESS**
Q290 Measure 3 – Percent Arrival (to STEMI Referring Hospital) to Fibrinolytic Administration in 30 minutes or less.

**Inclusion Criteria:** Patients 18 years of age or over

AND with a STEMI noted on Pre-Hospital ECG

AND transported to a STEMI Referring Hospital

AND Fibrinolytic Therapy was administered.

* Questions with an asterisk (*) are mandatory.

Enter a zero "0" when there is no data to report.

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Q291 * DENOMINATOR - Report the number of patients who meet the above inclusion criteria.

Number of patients 18 years of age or older, with STEMI noted on pre-hospital ECG, who are transported directly to a STEMI Referring center AND had fibrinolytic therapy administered:

Quarter 1_2017 : _______
Quarter 2_2017 : _______
Quarter 3_2017 : _______
Quarter 4_2017 : _______
Total : _______

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Q293 * NUMERATOR - Report the number of patients, included above, where the total time from Arrival to the STEMI Referring center and the time of Fibrinolytic Therapy Administration was achieved in 30 minutes or less.

Number of patients 18 years of age or older, with STEMI noted on pre-hospital ECG, who are transported directly to a STEMI Referring center AND had fibrinolytic therapy administered in 30 minutes or less:

Quarter 1_2017 : _______
Quarter 2_2017 : _______
Quarter 3_2017 : _______
Quarter 4_2017 : _______
Total : _______

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Q295 Outlier Volume – This is **required** if exclusions are going to be claimed.
Report the number of patients, included in the denominator volumes above, where the total time from Arrival to Lytic administration was **GREATER** than 30 minutes.

*Check the math* - *(Adding the Outlier volumes to the volumes reported in the Numerator will equal the volumes reported in the Denominator.)*

Outlier Volume + Numerator Volume = Denominator Volume

*By Quarter, provide the number of outliers (patients where Arrival to Lytic administration was **GREATER** than 30 minutes).*

Quarter 1, 2017: _______
Quarter 2, 2017: _______
Quarter 3, 2017: _______
Quarter 4, 2017: _______
Total: _______

**Q297 Exclusions** –
Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)? If so, provide the total number of individual patients, by quarter, having one or more of the allowable exclusions as stated below:

- *Delay in patient or family providing consent for treatment and transport (prehospital/in hospital)*
- *Delay caused by patient experiencing cardiac arrest and the need for intubation (prehospital/in hospital)*
- *Delay caused by initial and/or subsequent ECGs being negative for STEMI (prehospital/in-hospital)*
- *Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care. (prehospital/in hospital)*

Quarter 1, 2017: _______
Quarter 2, 2017: _______
Quarter 3, 2017: _______
Quarter 4, 2017: _______
Total: _______

**Q105 Achievement Measure 4: (NEW for 2018 and Required)** Percentage of pre-hospital 12 lead ECGs performed on patients within 10 minutes of transporting EMS agency's arrival to the patient with initial complaint of non-traumatic chest pain and who is ≥ 35 years of age.
Inclusion Criteria:
Patients 35 years or over  
\textbf{AND} with Non-traumatic chest pain  
\textbf{AND} had a prehospital 12 Lead ECG performed  
\textbf{AND} who were transported by EMS (to either a STEMI Referring Hospital or a STEMI Receiving Center)

* Questions with an asterisk (*) are mandatory.  
Enter a zero "0" when there is no data to report.

Q87 * DENOMINATOR - Report the total number of patients that meet the above inclusion criteria.

Number of Non-Traumatic Chest pain patients, 35 years of age and older, with a prehospital 12 Lead ECG performed and transported to a hospital: (This should equal the numerator of Measure #1)

Quarter 1 : _______
Quarter 2 : _______
Quarter 3 : _______
Quarter 4 : _______
Total : _______

Q89 * NUMERATOR - Report the number of patients, included above, who received a prehospital 12 lead ECG within 10 minutes of transporting EMS agency's arrival to the patient.

Quarter 1 : _______
Quarter 2 : _______
Quarter 3 : _______
Quarter 4 : _______
Total : _______

Q131 Outlier Volume – This is required if exclusions are going to be claimed.

Report the number of patients, included in the denominator volumes above, where the total time from Arrival to 12 Lead ECG was \textbf{GREATER} than 10 minutes.
Check the math - (Adding the Outlier volumes to the volumes reported in the Numerator will equal the volumes reported in the Denominator. 
Outlier Volume + Numerator Volume = Denominator Volume

By Quarter, provide the number of outliers (patients where Arrival to 12 Lead ECG acquisition was GREATER than 10 minutes).

Quarter 1_2017 : _______
Quarter 2_2017 : _______
Quarter 3_2017 : _______
Quarter 4_2017 : _______
Total : _______

Q104 Exclusions –
Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients, by quarter, having one or more of the allowable exclusions as stated below:
• Delay in patient or family providing consent for treatment and transport (prehospital/in hospital)
• Delay caused by patient experiencing cardiac arrest and the need for intubation (prehospital/in hospital)
• Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care. (prehospital/in hospital)

Quarter 1_2017 : _______
Quarter 2_2017 : _______
Quarter 3_2017 : _______
Quarter 4_2017 : _______
Total : _______

Start of Block: MEASURE 5: STEMI POSITIVE EKG TO HOSPITAL NOTIFICATION

Q331  Achievement Measure 5:  
Percentage of hospital notifications or 12 lead ECG transmissions suggesting a STEMI alert (or Cardiac Cath Lab Activation), that are performed within 10 minutes of the first STEMI positive 12 Lead ECG in the field

Inclusion Criteria:
Patients 18 years of age or over
AND with a STEMI noted on pre-hospital ECG (either 1st 12 Lead ECG or Subsequent 12 Lead
ECG) [115] AND transported to a STEMI Receiving Center

Denominator: Total number of patients that meet the above inclusion criteria

Numerator: Total number of patients in the denominator where the hospital notification/alert was made within 10 minutes of the first STEMI positive prehospital 12 Lead ECG.

* Questions with an asterisk (*) are mandatory.

Enter a zero "0" when there is no data to report.

Q332 * DENOMINATOR - Report the total number of patients that meet the above inclusion criteria.
Patients 18 years of age or over, with a STEMI noted on prehospital 12 Lead ECG, AND transported to a STEMI Receiving Center

Quarter 1 : _______
Quarter 2 : _______
Quarter 3 : _______
Quarter 4 : _______
Total : _______

Q333 * NUMERATOR - Report the number of patients, included above, where the hospital notification/activation was performed within 10 minutes of the first STEMI Positive prehospital 12 Lead ECG:

Quarter 1 : _______
Quarter 2 : _______
Quarter 3 : _______
Quarter 4 : _______
Total : _______

Start of Block: EMS Recognition Optional Plus Measure
Q325 Optional Plus Measure - Agencies successful in meeting the requirements for a Mission: Lifeline EMS award AND report on and meet the 75% threshold for this measure, will have a "PLUS" designation on their award (example: Bronze Plus, Silver Plus or Gold plus).

Do you wish to submit this measure for review?

- Yes
- No (you will skip to the next section)

Q326 Optional Plus Measure - This measure is not required for Mission: Lifeline EMS Recognition. Agencies that are successful in meeting the requirements for a Mission: Lifeline EMS award AND report on and meet the 75% threshold for this measure, will have a "PLUS" designation on their award (example: Bronze Plus, Silver Plus or Gold plus).

Plus Measure:
Percentage of adult Out-Of-Hospital Cardiac Arrest (OOHCA) patients resuscitated on-scene with sustained ROSC of at least 20 minutes, maintained to arrival at the emergency department, who had a 12 lead ECG performed.

Inclusion Criteria: Patients with Out Of Hospital Cardiac Arrest with high index of suspicion of cardiac etiology

- AND were resuscitated on scene
- AND Return on Spontaneous Circulation (ROSC) >20 Minutes (Can include time in ED)
- AND arrived at the ED with ROSC

Denominator: Total number of patients that meet the above inclusion criteria

Numerator: Total number of patients in the denominator who received a prehospital 12 lead ECG.

* Questions with an asterisk (*) are mandatory.
Enter a zero "0" when there is no data to report
Q327 * DENOMINATOR - OOHCA patients resuscitated on-scene with sustained ROSC of at least 20 minutes, maintained to arrival at the emergency department

Quarter 1 : _______
Quarter 2 : _______
Quarter 3 : _______
Quarter 4 : _______
Total : _______

Q328 * NUMERATOR - Total number of patients in the denominator who received a prehospital 12 lead ECG

Quarter 1 : _______
Quarter 2 : _______
Quarter 3 : _______
Quarter 4 : _______
Total : _______

Start of Block: Reporting Measures (Optional)

Q300 Reporting Measures (optional) These are optional measures, and reporting data can be done on a select number of the reporting measures or all of the reporting measures. Reporting measures could become future recognition measures.

**Reporting Measure A:** Percentage of patients with non-traumatic chest pain ≥35 years of age, treated and transported by EMS who received aspirin either by EMS administration, dispatch
instruction or patient self-administered. Patients with a contraindication to ASA therapy may be excluded from the denominator.

**Reporting Measure B:** Percentage of patients with suspected stroke for whom EMS provided advance notification to the destination hospital.

**Reporting Measure C:** Percentage of patients with suspected stroke (new onset) evaluated by EMS, who had an EMS documented Last Known Well (LKW) time.

**Reporting Measure D:** Percentage of 12 lead ECGs performed on patients in the field with an initial complaint of Acute Coronary Syndrome (ACS) symptoms.

**Reporting Measure E:** Percentage of STEMI patients initially transported to a referring (non-PCI) hospital who were later transported to a STEMI Receiving Center with an EMS FMC to PCI time ≤ 120 minutes.

Please provide responses regarding the reporting measures, in the following matrix even if data is not submitted for the reporting measures. Once the matrix is complete, respond Yes or No below to continue to provide reporting measure data.
This data/information is tracked and will be provided | This data/information is tracked but cannot be provided at this time | This data/information has not been tracked in the past, but will be tracked in the future | Unable to track because data needed is not provided by the hospitals | Tracking this data is not useful to our agency (agencies) | Other

| Reporting Measure A (Aspirin) | | | | | |
| Reporting Measure B (Stroke notification) | | | | | |
| Reporting Measure C (Last Known Well - Stroke) | | | | | |
| Reporting Measure D (ECG on ACS patients) | | | | | |
| Reporting Measure E (EMS FMC to PCI < 120 Minutes for patients transferred for PCI) | | | | | |

Q118 For any or all reporting measures that are tracked, the numerators, denominators and percentages should be submitted. Calculations will not be automatically performed in the
application itself. Select YES below to continue with submitting data for any or all the 2018 Mission: Lifeline EMS reporting measures?

○ Yes, Continue

○ No - The Mission: Lifeline EMS Reporting Measure Section will be skipped

Q302 Reporting Measure A: Percentage of patients with non-traumatic chest pain ≥35 years of age, treated and transported by EMS who received aspirin either by EMS administration, dispatch instruction or patient self-administered.

Inclusion Criteria:
Patients with Non-Traumatic Chest Pain
AND 35 years of age or over
AND there are no contradictions to patient receiving ASA therapy
AND treated and transported by EMS (to either a STEMI Receiving Center or STEMI Referring Hospital)

Denominator: Total number of patients that meet the above inclusion criteria
Numerator: Total number of patients in the denominator for whom Aspirin was administered either by EMS, through dispatch instruction or self-administration by the patient.

○ Numerator Value _________________

○ Denominator Value ________________

○ Percentage _____________________
Q303 Reporting Measure B: Percentage of patients with suspected stroke (new onset) evaluated by EMS, for whom EMS provided advanced notification to the destination hospital.

**Inclusion Criteria:** Patients assessed and transported by EMS AND who had an EMS primary impression of suspected stroke.

**Denominator:** Total number of patients that meet the above inclusion criteria  
**Numerator:** Total number of patients in the denominator for whom EMS provided advanced notification to the destination hospital.

- Numerator Value ____________________  
- Denominator Value ____________________  
- Percentage ____________________________

Q304 Reporting Measure C: Percentage of patients with suspected stroke (new onset) evaluated by EMS, who had an EMS documented Last Known Well (LKW) time.

**Inclusion Criteria:**  
Patients assessed and transported by EMS AND who had an EMS primary impression of suspected stroke.

**Denominator:** Total number of patients that meet the above inclusion criteria  
**Numerator:** Total number of patients in the denominator for whom EMS documented the Last Known Well (LKW) time.

- Numerator Value ____________________  
- Denominator Value ____________________  
- Percentage ____________________________

Q305 Reporting Measure D: Percentage of 12 lead ECGs performed on patients in the field with an initial complaint of Acute Coronary Syndrome (ACS) symptoms.

**Inclusion Criteria:**  
Patients 35 years of age or over
AND with symptoms consistent with Acute Coronary Syndrome (ACS) AND treated by EMS

ACS symptoms can include:
Chest pain, discomfort, pressure, tightness or fullness
Pain or discomfort in one or both arms, the jaw, neck, back or stomach
Shortness of breath
Dizziness or lightheadedness
Nausea
Diaphoresis
Atypical signs and symptoms

**Denominator:** Total number of patients that meet the above inclusion criteria.
**Numerator:** Total number of patients in the denominator that received a 12 lead ECG

- Numerator Value ______________________
- Denominator Value _____________________
- Percentage ___________________________

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**Q307 Reporting Measure E:** Percentage of STEMI patients initially transported to a STEMI Referring (non-PCI) hospital, by the applicant agency, who were later transported to a STEMI Receiving Center with an EMS FMC to PCI time ≤ 120 minutes.

**Inclusion Criteria:**
Patients 18 years of age or over
AND initially transported a STEMI Referring (non-PCI) hospital
AND who were later transported to a STEMI Receiving Center for Primary PCI
AND With NO fibrinolytic administration
(Interfacility Transport may have been completed by another transporting agency)

**Denominator:** Total number of patients that meet the above inclusion criteria
**Numerator:** Total number of patients in the denominator with an EMS FMC to Device Activation/Primary PCI
in ≤ 120 Minutes for the patient initially transported to a STEMI Referring Hospital and then later transferred to a STEMI Receiving (PCI) Center for Primary PCI.

- Numerator Value ____________________
- Denominator Value ____________________
- Percentage __________________________

Start of Block: Team Application # Agencies

Q76 At this time, the primary service applicant can list all partnering Medical First Responder Agencies/Departments that assist with calls involving a possible STEMI patient, regardless of the assisting department's ability to acquire a 12 lead ECG, level of certification or their ability to transport. Would you like to include the names and contact information of these Medical First Response Agencies/Departments and enter the TEAM option of the EMS recognition application?

- YES
- NO

Q77 How many agencies are going to be included in the Team portion of the application?

________________________________________________________________

________________________________________________________________

Start of Block: Team Application Contact Information
Q78 **INDIVIDUAL APPLICATION WITH TEAM OPTION** * Please provide the name of the Medical First Responder agencies/departments below. **MEDICAL FIRST RESPONDER AGENCY**

- Medical First Responder Agency/Department Name ________________________________
- City ________________________________________________________
- State (two-letter abbreviation) ____________________________________________
- Contact's First name ______________________________________________________
- Contact's Last name ______________________________________________________
- Contact's Title __________________________________________________________
- Email address ____________________________________________________________

Q79 Are there any additional Medical First Responder Agencies/Departments you would like to include in the TEAM option of the Individual Application?

- Yes
- No

Q80 How many additional agencies will be included in the Team portion of the application?

__________________________________________________________________________
Q81 **INDIVIDUAL APPLICATION WITH TEAM OPTION** * Please provide the name of the Medical First Responder agencies/departments below. **MEDICAL FIRST RESPONDER**

- Medical First Response Agency/Department Name ____________________________
- City ____________________________________________
- State (two-letter abbreviation) ____________________________
- Contact's First name _____________________________________
- Contact's Last name _____________________________________
- Contact's Title __________________________________________
- Email address __________________________________________

**Start of Block: Closing: Truth of Data Statement**

Q82 **Application Submission Authorization**
The 2018 Mission: Lifeline EMS Recognition Application submission must be authorized by either the EMS Director, Chief or Training Officer from the EMS agency(ies). I attest that the above information is true and complete to the best of my knowledge. As the submitter of this INDIVIDUAL application, I am authorized to release the above information to the American Heart Association on behalf of this EMS agency. I understand the American Heart Association will review the information I have submitted for correctness and will assign the proper award status based on the program criteria.

- Agree
- Disagree
Q84 * Please provide the name and contact information of the medical director of the agency submitting an Individual Application.

○ First name ____________________________________________

○ Last name ____________________________________________

○ Title _________________________________________________

○ Contact phone number __________________________________

○ Street address _________________________________________

○ Street address (continued) ______________________________

○ City __________________________________________________

○ State (two-letter abbreviation) ____________________________

○ Zip code ______________________________________________

○ Email address __________________________________________

Q87 * Please provide the name and contact information of the person completing and submitting this form.

○ First name ____________________________________________

○ Last name ____________________________________________

○ Title _________________________________________________

○ Contact phone number _________________________________

○ Email address __________________________________________
Q88 * Please sign your name below with mouse or tracking pad.

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Q90 Thank you for participating in the 2018 Mission: Lifeline EMS Recognition program!

The **NEXT** button to the lower right **MUST** be clicked to formally submit the application responses.

After clicking NEXT, a PDF version of the application will be available. PLEASE download and save this PDF copy of your application and the responses for future reference if needed. Upon review of the PDF, if there are any errors noticed in the data and/or information submitted, please contact Missionlifeline@heart.org as soon as possible but prior to 5pm Central on Friday March 30, 2018 to assure a response prior to the close of the application period. The 2018 application submissions will be reviewed starting immediately after the close of the application period. The application period closes at midnight April 2, 2018 (Central). Notification of Mission: Lifeline EMS achievement will take place in May 2018 or before.

If there are any questions, contact Mission: Lifeline at Missionlifeline@heart.org. Thank you for participating in Mission: Lifeline and good luck!

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Q91 Click the **NEXT Button** below to view the application responses and download a PDF version of the submitted application. After the application is submitted, if an applicant needs to re-access the application, a request must be made to MissionLifeline@heart.org no later than 5pm Central on Friday, March 30, 2018.