



GROUND AMBULANCE SERVICE RENEWAL APPLICATION

Date: _____

NPI #: _____

This form must be uploaded to your online renewal application OR submitted with the paper renewal invoice, along with any other required documents and fee(s).

CLASSIFICATION: (Select One) [] Primary Emergency Provider [] Licensed Ambulance Transport Service [] Volunteer

LEVEL OF SERVICE: (Select One) [] Advanced Life Support [] Basic Life Support

(Please Print Legible or Type)

Ambulance Service Name: _____

Ambulance Service Address: _____

Street

City

State

Zip

Contact Phone #: () - Fax #: () -

Name of Ambulance Service Director: _____

Do you wish to receive your renewal notice by E-Mail in lieu of US Postal Mail? [] YES [] NO

Email: _____

Name of Medical Director: _____

Address: _____

Street

City

State

Zip

Email: _____ Contact Phone #: () -

The below items must be uploaded to your online renewal application OR submitted with your paper renewal invoice, along with the required fee(s).

- 1) Completed Annual Operations Report
2) Copy of current Certificate of Liability Insurance
3) Copy of current FCC License identifying the State required frequencies
4) Copy of Mechanic's Certification
5) Completed and signed Vehicle Safety Inspection for all permitted ambulances for past calendar year
6) If there is a change in Medical Director, the newly appointed Medical Director must submit a letter
7) If there is a change in Service Director, a notification from the appointing authority must be submitted

I verify all information and documents contained in this application and annual report are accurate and correct.

Ambulance Service Director Signature

Date

**GROUND AMBULANCE SERVICE
ANNUAL OPERATIONS REPORT**

*This form must be uploaded to your online renewal application **OR** submitted with your paper renewal invoice.*

TIME PERIOD REPORTED FROM: January 1, _____ **TO:** December 31, _____

AMBULANCE SERVICE NAME: _____ **COUNTY:** _____

SERVICE UTILIZATION:

- 1) _____ Annual Number of **Responses** (Calls or Requests for Service)
- 2) _____ Annual Number of **Transports**

FIELD PERSONNEL:

Please identify the number of patient-care personnel *employed* in the following categories by the major responsibilities for that person. **Count each person only once.**

- 1) _____ Operators (Drivers)
- 2) _____ Emergency Medical Technicians
- 3) _____ AEMTs
- 4) _____ Paramedics
- 5) _____ Critical Care Paramedics
- 6) _____ Registered Nurses

- _____ **Total EMS Personnel**

Information

Provided by: _____
Name (Please type or Print) Title (Please type or Print)

Date completed: _____

GROUND AMBULANCE SERVICE ANNUAL AUDIT

Each item below will be audited **ANNUALLY** and evaluated during the calendar year by the EMS Consultant.

- **Mandatory Random Drug Screening of Employees:** Rule: 1200-12-01-.14 (9) (c) 3
Review of policy and verification of testing

- **Personnel Staffing for ALS or BLS Categories:**
Advanced Life Support Rule 1200-12-01-.14 (4) (b)
Verification of Paramedic and AEMT on 95% of emergency transports

Basic Life Support Rule 1200-12-01-.14 (4) (c)
Verification of 2 AEMT on 95% of all transports

- **Equipment Inventory:** Rule 1200-12-01-.15 (3) (4)
Verification of inventory files, every 72 hours at a minimum, on all permitted vehicles for a 90 day period

- **In-Service:** Rule 1200-12-01-.14 (5)
Verification of 15 contact hours for 95% of EMS Personnel

- **Pediatric Training:** Rule 1200-12-01-.20 (2)
Verification of a minimum of 1.5 hours of pediatric training annually for all EMS personnel

- **When using Continuing Education Hours for Personnel License Renewal In-Service Hours:**
Rule 1200-12-01-.14 (7)
 - *Board Authorized Instructor Coordinator*
 - *Records Maintained for 5 Years*
 - *Vitae on Instructors*
 - *Lesson Plans*
 - *Course Evaluation by Students*
 - *Evaluation of Students Performance*
 - *Sign-In Sheet of Participants*

GROUND AMBULANCE SERVICE ANNUAL AUDIT

The items below will be subject to **RANDOM** audit annually during the calendar year and evaluated by the EMS Consultant.

- **Dispatch Log:** Rule: 1200-12-01-.15 (2) (a)
Dispatch log is maintained or compliance may be demonstrated by a combination of records

- **First Responder Program:** Rule: 1200-12-01-.16
Verification of all requirements for First Responder Program
 - *MOA*
 - *In-Service*
 - *Insurance Verification*
 - *Personnel Listing of each Agency*

- **Continuous Quality Improvement:** Rule: 1200-12-01-.14 (4) (a) 1 ii
Verification of Medical Director's involvement in quality management and improvement

- **Personnel Records:** Rule: 1200-12-01-.15 (1) (a)
 - *Driver's License*
 - *Emergency Vehicle Operation Courses*
 - *EMS Professional License*
 - *Minimum 1.5 Hours of Pediatric Training Annually*
 - *CPR*
 - *Defensive Driving Courses*
 - *Physical Exam*

- **Expanded Scope Training:** Rule 1200-12-01-.04 (1) (e) 4
Verification of Continuing Training
 - *Ventilator Training*
 - *Surgical Cricothyrotomy*
 - *Rapid Sequence Intubation*