



Ambulance Provider License Application

OFFICE USE ONLY	
Form Rec'd	
Payment Rec'd	\$
Ck#	
Insp. Pack Rec'd	
License Sent	

Application Type:	Ground:	Initial(\$2500)	Renewal (\$1500)	Transfer (\$1500)
	Air:	Initial(\$5000)	Renewal (\$2500)	Transfer (\$2500)

NOTE: DO NOT use this application for renewal. Applications for renewal are available through your KEMSIS account.

Service Information

Service Name	License #	
Primary Physical Address		
City	State	Zip
Administrative Phone	Fax	County
Primary Address GPS Coordinates	GPS Latitude	GPS Longitude
Mailing Address		
Address		Website
City	State	Zip

Classification (Please Select Classification)

I	Ground ambulance services operating at the ALS/BLS level to provide emergency and non-emergency transportation
II	Ground ambulance services operating at the BLS level only to provide non-emergency transportation
III	Ground ambulance services operating at the ALS level only to provide critical care, emergency or non-emergency transportation between healthcare facilities.
IV	Ground ambulance services operating at the ALS or BLS level to provide emergency and non-emergency transportation for restricted locations such as industrial sites and other sites that do not provide services outside a designated site.
VI	Services providing ALS medical first response without patient transport.
VII	Rotor wing air ambulance services may provide ALS emergency or nonemergency transportation. Fixed wing services may provide ALS or BLS emergency or non-emergency transportation.

Level of Service	Basic Life Support (BLS)	Advanced Life Support (ALS)
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Satellite (Substation) *If more than 4 satellite locations, please attach additional sheets.

Locations

Name	Station Number	
Address	GPS Lat	GPS Long
City	State	Zip
Phone	Fax	County
Manager	KEMSIS # (If applicable)	
Name	Station Number	
Address	GPS Lat	GPS Long
City	State	Zip
Phone	Fax	County
Manager	KEMSIS # (If applicable)	
Name	Station Number	
Address	GPS Lat	GPS Long
City	State	Zip
Phone	Fax	County
Manager	KEMSIS # (If applicable)	
Name	Station Number	
Address	GPS Lat	GPS Long
City	State	Zip
Phone	Fax	County
Manager	KEMSIS # (If applicable)	

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Dispatch Information

Emergency Dispatch			Phone	
Address			Fax	
City	State		Zip	
Transport Dispatch			Phone	
Address			Fax	
City	State		Zip	

Management

Service		Title	
Director			
Phone		Mobile Phone	
Pager/Other		Email	
1st Administrative Designee			
Name		Title	
Phone		Mobile Phone	
Pager/Other		Email	
2nd Administrative Designee			
Name		Title	
Phone		Mobile Phone	
Pager/Other		Email	

Owner(s) of Service

***Attach additional sheets if necessary**

KAR 7:501§3(8)a,b,c There shall be full disclosure to the board of the changes, such as name and address, of:

(a) Each person having direct or indirect ownership interest of ten (10) percent or more in the service

(b) Officers and directors of the corporation, if a service is organized as a corporation; or

(c) Partners, if a provider is organized as a partnership.

Name		Address	
City	State		Zip
Email	Phone		% of Ownership
Name		Address	
City	State		Zip
Email	Phone		% of Ownership
Name		Address	
City	State		Zip
Email	Phone		% of Ownership
Name		Address	
City	State		Zip
Email	Phone		% of Ownership
Name		Address	
City	State		Zip
Email	Phone		% of Ownership

Ownership Type: Corporation Individual Partnership Public

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Medical Direction				
Name		Address		
City		State	Zip	
Email		Phone	Fax	
SSN		Birth Date		
Kentucky Medical License Number		Expiration		

Certifications				
Board Certified in Emergency Medicine Number		Issue Date	Expiration Date	

NOTE: A medical director that is not Board Certified in Emergency Medicine may meet the minimum regulatory requirements by completing alternate certifications.

Alternate Certifications	Issue Date	Expiration Date
Advanced Cardiac Life Support (ACLS)		
Advanced Trauma Life Support (ATLS) or Basic Trauma Life Support (BTLS) or PreHospital Trauma Life Support (PHTLS)		

NOTE: Medical Directors for ALS agencies MUST have ATLS if they are using Alternate Certifications.

Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Providers (PEPP)		
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Contractual Obligations

EMS medical directors shall function under terms of employment or a contractual agreement that specifically address the responsibilities of the medical director and the employer or the contractor responsibilities for the following topics:

- (1) Establishing medical protocols and standing orders for communications and patient care personnel;
- (2) Serving as a liaison with the local medical community;
- (3) Interacting with regional, state, and local EMS authorities on issues relating to EMS standards, needs and requirements and the optimization of resource utilization;
- (4) Maintaining continuing education appropriate for the EMS medical director, administrative staff, communication and patient care personnel;
- (5) Restricting or limiting patient care functions of staff;
- (6) Establishing patient destination policies;
- (7) Establishing initial qualification of personnel involved in patient care and dispatch; and
- (8) Developing, implementing, and maintaining a quality improvement program for continuous system and patient care improvement.

Submission Requirements
<p>Please submit the following items to KBEMS:</p> <ul style="list-style-type: none"> • Proof of Kentucky Medical License • Proof of Board Certification in Emergency Medicine <p>-or-</p> <ul style="list-style-type: none"> • Proof of Alternate Certifications <ul style="list-style-type: none"> ○ ACLS ○ ATLS, BTLS (BLS ONLY), or PHTLS (BLS ONLY) ○ PALS or PEPP • Copy of Contractual Agreement including the items above. Financial information may be redacted.

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Additional Service Information

		Federal Tax ID Number (EIN)		
		National Provider Identifier (NPI) (Issued by CMS)		
		Time Zone		
Organization Type (Select ONE)		Community , Non-Profit Fire Department Governmental, Non-Fire		Hospital Private, Non-Hospital Tribal
Organization Status		Volunteer	Non-Volunteer (Career)	Mixed
Type of Service (Select NO MORE THAN ONE from each column)				Primary
				Other
911 Response (Scene) with Transport Capability 911 Response (Scene) without Transport Capability Air Medical HAZMAT Medical Transport (Convalescent) Paramedic Intercept Rescue Specialty Care Transport None				

Geographic Service Area

Providers shall provide the KBEMS office with an accurate map and a written description of its geographic service area within the Commonwealth, which shall identify with specificity the complete boundary of the area served by the provider when applying for initial licensure or if the service area has changed since the last map was provided to the KBEMS office. The map shall accurately reflect the service area as identified by the provider's certificate of need.

Please submit the following items to KBEMS:

- Copy of Certificate of Need (CON)
- Written Description of the Service Area
- Map with Service Area Designated

Notice: Ownership Changes

202 KAR 7:501 § 6

(6) A new application shall be filed if a change of ownership occurs. A change of ownership for licenses shall be deemed to occur if more than fifty (50) percent of the assets, capital stock, or voting rights of a corporation or provider is purchased, transferred, leased, or acquired by comparable arrangement by one (1) person from another.

Signature

I agree that this service and all aspects of its operation shall be open at all times to the inspection and surveillance of the Kentucky Board of Emergency Medical Services and the Commonwealth of Kentucky. I certify that the information given in this application is accurate to the best of my knowledge and recognize that falsification of this application may result in revocation of license(s).

Signature of Authorized Representative	Title	Date
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Please make check or money order payable to Kentucky Board of EMS. This application MUST be filled out in its entirety or the application and fee will be returned. Initial licensure and re-licensure will not occur without a complete application on file.