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APPLICATION FOR EMS AGENCY LICENSE INSTRUCTIONS

Introduction

The following document is provided to assist applicants in completing the required information in its entirety. Applications that are complete and accurate allows for quicker processing time for initial licensure and re-licensure. The EMS agency application captures information required by the Virginia Office of Emergency Medical Services (OEMS), as well as certain data points required by the National Emergency Medical Services Information Systems (NEMSIS). The Commonwealth of Virginia has signed a Memorandum of Understanding (MOU) to submit state level data to NEMSIS.

If you have questions concerning the application and the instructional guide does not successfully answer your question, please contact OEMS or your local EMS Program Representative.

Agency name: The legal name for the organization. Note: This name cannot be similar to or the same as another existing organization.

FIN #: The Federal Tax Identification Number issued by the Internal Revenue Service (IRS). A copy of the IRS designation letter must accompany all applications for EMS agency license(s).

Agency no.: The identification number issued by OEMS (for recertification only).

NPI #: The National Provider Identifier associated with National Provider System and used in all standard HIPAA transactions such as electronic claim filing. Note: Any agency that bills for service is given a National Provider System number. The Centers for Medicare and Medicaid Services (CMS) requires anyone who bills to submit electronically using a HIPAA Standard NPI number. Please refer to http://www.cms.hhs.gov/nationalprovidentstand/.

Physical Location: Please provide a detailed description of the physical location of the primary facility with directions from the closest major roadway.

Number of stations: Any vehicles housed/positioned in another location must be included on the last page of the application. Please include the names of stations, their complete physical addresses and contact phone numbers.

Mailing address: Where mail is delivered from the United States Postal Service (USPS).

Shipping address: Where items delivered by overnight carriers (UPS, FedEx, etc.) can be delivered to an attended physical location (not a P.O. Box).

Agency telephone number: Ten digit telephone number advertised to reach agency personnel (should not be an "emergency "number).

Fax: Ten digit number to access the facsimile device.

Agency FIPS no.: FIPS stands for Federal Information Processing Standards. Please use the following link to determine your FIPS number if you don't already know it, http://www.vdh.virginia.gov/OEMS/Files_page/shared/fips.pdf.

Agency Web site: An electronic link providing direct access from one distinctively marked place in a hypertext or hypermedia document to another in the same or different document. (Example: www.rescue1.org).

Type of Application: Initial – first time application (usually a new agency), Recertification – a renewal of an existing agency license, Change of classification – going from one level of service to another (Example: BLS non-transport to ALS transport).

Organizational Status: The primary organizational status of the agency. Selection choices are: (select only one)

Volunteer
Career
Mixed – Volunteer/Career

Organizational Type: The organizational structure utilized to deliver EMS. Selection choices are: (select only one)

Community, Non-Profit
Governmental, Non-fire
Private, Non-hospital
Fire Department
Tribal

Description: The organizational status description. Selection choices are: (select only one)

Fire Department
1st Response Only
Rescue Squad – EMS
Hospital
Police
Other

Classification: Type of EMS agency licenses applying for.

Types and # of personnel: List the applicable numbers of providers that are affiliated with your agency.

Career Personnel: Personnel who staff the EMS units and are monetarily compensated for their time worked.

Hours of Operation: If station is not open on a 24 hour continuous basis, please indicate time of operations.

Total no. of 911 calls/calendar year: The number of 911 EMS calls in a calendar year. Please include the number of 911 calls assigned to any unit for any length of time, i.e. cancelled, no patient found, patient refusals, treat and release, obvious death, treated and transferred care, treated and transported etc.

EMS Dispatch volume/calendar year: The number of EMS dispatches in a calendar year. Please include the total number of EMS calls received by the agency, i.e. commercial agencies would report their total number of 911 calls in addition to routine transport calls here. For emergency responders only, this number would likely be the same as the number of 911 calls per year.

EMS Transport volume/calendar year: The number of EMS transports in a calendar year. Please include the total number of patients transported and exclude transports to physician's office, clinic or health care facility that is for prescheduled testing, evaluation or treatment.

EMS contact volume/calendar year: Total number of patients that EMS providers from agency encountered and attended to at the scene. Please exclude cancelled, no patient found, arrived on scene but did not attend to patient.

Total service area (sq. mi): The total square miles within the EMS agency's service area.

Total service area population: The total population in the agency's service area based on the most recent census data available. This number does not include population changes associated with daily work flow or seasonal movements. Please refer to http://quickfacts.census.gov/qfd/.

Vehicle insurer: The insurance company on record for the agency vehicle(s).

Does the agency bill for services: Does the patient cared for/transported by the EMS agency receive a bill for service? Please report this information regardless of whether the EMS agency bills or another organization bills on behalf of the agency.

Vaccine Administration Program: If the EMS Medical Director for the agency authorizes EMS providers to provide vaccinations to agency personnel or the public (or both), this must be completed in its entirety.

Authorized Practioner: The name of the physician who has authorized the purchase of drugs for the vaccination program for the EMS agency to administer.

Vaccine Administrator: The individual assigned to oversee the agency vaccine program.

Required Signatures

Agency Representative/Owner Signature: Signature of Owner/Representative 1 or 2 listed in application. This signature attests to the correctness of the information contained within the application.

Agency Operational Medical Director Signature: Signature of agency Primary OMD. This signature attests to OMD confirmation as serving as the agency's primary Operational Medical Director at the time of application. In addition to signing the agency application, the OMD must sign a list of OMD authorized providers for the agency according to §12VAC5-31-1040.

(DERA ONLY) Local Government Signature: Signature of the county administrator or city manager. This signature is attesting to the agencys compliance with the local emergency response plan guidelines. This signature is only required from designated emergency response agencys (DERA).