

Vermont Department of Health
 Office of Public Health – EMS
 PO Box 70, 108 Cherry Street
 Burlington, VT 05402-0070
 802-863-7310

Remember to provide a copy of this completed application to your EMS District Board for retention.

SERVICE LICENSE RENEWAL APPLICATION

In accordance with the provisions of Title 24 Ch 71 and the Vermont Emergency Medical Services Rules, application is hereby made for a service license.

Demographics (EMS Rules Sections 2.3 and 3.3)

Name of Service _____ EMS Service # _____

Service Type _____ Service Level _____ Check if change from 2012 Level

Operational Type _____ Federal EIN _____ For Profit? Y N

Mailing Address _____

City/Town _____ State _____ Zip _____

Physical Address _____
 (Address of base airport if air service license is being requested)

City/Town _____ State _____ Zip _____

Business Phone _____ Emergency Phone _____

Fax Number _____ Service Email _____

Service Website _____

Key Personnel		
Head of Service		Training Officer
	Name	
	Email	
	Home Phone	
	Work Phone	
	Cell Phone	
Infection Control Officer		District Board Rep
	Name	
	Email	
	Home Phone	
	Work Phone	
	Cell Phone	
Electronic Patient Care (ePCR) Reporting Rep (SIREN or other data system)		
	Name	
	Email	
	Home Phone	
	Work Phone	
	Cell Phone	

SERVICE LICENSE RENEWAL APPLICATION

List Vermont Licensed Personnel Make copies of this blank form as needed or attach a staff or SIREN roster of personnel, if all personnel profiles are correct. Or alter and return the enclosed personnel list for your agency. *(EMS Rules Sections 2.4.2.1.1 and 3.4.2.1.1)*

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SERVICE LICENSE RENEWAL APPLICATION

List of Vermont-Certified Personnel (continued)

Name	VT Cert #	FR-ECA/ EMR	EMT-B /EMT	EMT-I/ AEMT	EMT-P/ Paramedic	Other Cert/Comments
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SERVICE LICENSE RENEWAL APPLICATION

Personnel Credentialing / Agency Quality Improvement (EMS Rules Sections 2.4.2.1.2 and 3.4.2.1.2)

NOTE: This section has been waived for the 2013 renewal cycle. If you have a credentialing program in place, please attach a copy if available.

Communications (EMS Rules Sections 2.4.2.2 and 3.4.2.2)

Radio Dispatch Frequencies:

Transmit _____ CTCSS Tone _____ Digital CTCSS?
 Receive _____ CTCSS Tone _____ Digital CTCSS?
 CTCSS (Continuous Tone-Coded Squelch System) refers to PL (Private Line), CG (Channel Guard) or QC (Quiet Channel) tones.

Who dispatches for your agency? _____

Direct methods to reach your agency's dispatcher by:

Phone _____

Fax _____

Email _____

Is your agency experiencing recurrent dispatching issues? If so, please explain. _____

Insurance (EMS Rules Sections 2.4.2.3 and 3.4.2.3)

Attach copies of the following policies:

- General liability
- Workers' Compensation
- Professional Liability
- Vehicular Coverage*

** Include insurance information for the agency's first response vehicles also.*

Background Checks (EMS Rules Sections 2.4.2.4 and 3.4.2.4)

How does the agency screen members, employees and other sponsored personnel for relevant crime or other concerning backgrounds?

Type of Screening	Upon Entry into Organization	At Least Every 2 Years Thereafter
VCIC (VT Criminal Information Center)	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
NCIC (National Criminal Information Center)	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
Vermont Sex Offender Registry	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
Adult Protective Services Abuse Registry (DAIL)	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
Driver's License Status	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
Office of Inspector General Exclusion List (OIG)	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>

Background Checks (continued) (EMS Rules Sections 2.4.2.4 and 3.4.2.4)

Comments/Other (i.e. type of screening mechanisms, etc.) _____

SERVICE LICENSE RENEWAL APPLICATION

Billing Data (EMS Rule Section 2.5.0.7)

Does your agency bill for services? Yes No

Comments: _____

Call Data

Report calls for the period July 1 of last year to June 30 of this year. If a service has utilized SIREN for the period July 1 to June 30, they may leave this section blank. Full year reporting is required. If you cannot provide data for July 1 through June 30, please indicate what time period you are reporting (_____ to _____)

Renewing Applicants ONLY

Number of Calls	Category	Brief Description
	9-1-1 Responses	Requests for immediate response from 9-1-1, dispatcher or someone approaching EMS vehicle or personnel.
	Interfacility Transfer	Transfers from one hospital to another.
	Mutual Aid	Requests from another EMS agency to respond to their agency's coverage area, whether or not transport occurs.
	Intercept	Response to request from another agency's ambulance while transporting (or about to transport) a patient; purpose is to provide additional personnel or equipment.
	Medical Transport	Scheduled or unscheduled transfer from one location to another; one location may be a hospital but if both locations are hospitals, put data into Interfacility category.
	Standby	Response without transport to a scheduled event; nearby in case someone requests EMS assistance. If patient is transported, call is classified as 9-1-1 response.
	Total Calls	Total of all above figures for ambulance services; 9-1-1 figure for first responder services.
	Average 9-1-1 Response Time (mm.ss)	Time between agency notification and arrival of first response or ambulance at scene, depending on service type, averaged over reporting period.

SERVICE LICENSE RENEWAL APPLICATION

Operational Letter(s) of Agreement (EMS Rule Sections 2.4.2.8 and 3.4.2.8)

Operational letter(s) of agreement must be in place between first responder service(s) and ambulance service(s) providing *primary* coverage for transportation. By rule, burden falls equally to ambulance and first responder services to enact and maintain operational letter(s) of agreement. A sample Operational Letter of Agreement can be obtained from the Documents tab of the Vermont EMS web page (www.vermontems.org).

Associated Services – Licensed ambulance or first responder service(s) associated with the applicant

Squad Number	Squad Name

Readiness (EMS Rule Sections 2.4.2.9 and 3.4.2.10)

Will/does this agency maintain 24 hr/365 day/year readiness with personnel, equipment and communications for emergency responses?

- Yes, with our agency’s own resources.
- Yes, with written contract(s) or agreement(s) with other licensed agency(s) (**attach contract or agreement**)
- No. Explain _____

Ambulance Information (EMS Rule Section 2.4.2.12)

Ambulance Service Applicants ONLY

Make	VIN	Year	Type (Circle)	VT Plate #
			I II III	
			I II III	
			I II III	
			I II III	
			I II III	
			I II III	
			I II III	

Required Equipment (EMS Rule Section 2.4.2.12)

Minimum equipment lists for both Ambulance and First Responder Services are located under the Documents tab of the Vermont EMS website (www.vermontems.org).

SERVICE LICENSE RENEWAL APPLICATION

STATEMENT OF COMPLIANCE FOR LICENSE

Child Support * (15 V.S.A. § 795)

A license may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A “license” is any license, certification, or registration issued by any agency to conduct a trade or business, including a license to practice a profession or occupation. “Good standing” means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship. * Refers to agency, not individual.

Tax Liability (32 V.S.A. § 3113)

No state agency may renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to or in full compliance with a plan to pay any and all taxes due as of the date such statement is made. “Good standing” means that no taxes are due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as possible, if the agency finds an unreasonable hardship.

Ryan White Comprehensive AIDS Resources Emergency Act (EMS Rule Sections 2.4.2.5 and 3.4.2.5)

The Ryan White Comprehensive AIDS Resources Emergency Act went into effect April 20, 1994. This federal law calls for the Commissioner of Health to designate an officer for every employer of emergency responders to be the contact point for information concerning exposure to infectious diseases. **PLEASE NOTE:** This is a federal law. It is enforced by the US Department of Health and Human Services. Volunteer services are NOT exempt. A copy of the Act is available on the Vermont EMS website. The name and contact information for the person named as your Designated Officer has been entered on Page 1 of this application. Upon approval of the license application by the State Board of Health, the Commissioner will appoint the person named on Page 1 as the service’s Infection Control Officer.

District Board Representative (24 VSA § 2653(a))

Each emergency medical services district shall have a board of directors, composed of a representative of each of the medical facilities, ambulance services and first responder services operating within the district, to serve for a term of two years each or until their successors are selected. The affected medical facility, ambulance service or first responder service may appoint a director to fill any vacancy on the board of directors for the balance of an unexpired term.

Compliance with Regulations of Other State and Federal Departments/Agencies (EMS Rules Sections 2.4.2.5 and 3.4.2.5)

I agree to operate in compliance with the applicable regulations of other state and federal departments and agencies including Medicare, Medicaid, the VT Occupational Safety and Health Administration, the Federal Communications Commission and the VT Department of Motor Vehicles.

(Continued)

SERVICE LICENSE RENEWAL APPLICATION

STATEMENT OF COMPLIANCE FOR LICENSE (continued)

Certificate of Compliance

I have read and understand the aforementioned material concerning child support and tax liability. By initialing above, I hereby certify that I am not under an obligation to pay child support or I am in good standing, as described above, regarding child support.*

* Refers to agency, not individual

I hereby further certify that I am in good standing, as described above, with respect to, or in full compliance with a plan to pay, any and all taxes due as of the date of this statement.

I hereby certify that I have read and understand the requirements to appoint a designated infection control officer and district board representative. I further certify that our agency will function in compliance with regulations of other state and federal departments and agencies.

I attest the information contained in this application is correct and any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject the service to suspension, revocation or denial of license. I attest that this agency complies with all applicable rules and statutes.

This certification is made under the pains and penalties of perjury.

To be completed by Head of Service

Signature _____ Date _____

Printed Name _____

Address _____

Town _____ State _____ Zip _____

Email _____

All Applicants; All Levels

District Medical Advisor Approval (EMS Rule Sections 2.4.2.6, 2.7.2.1, 3.4.2.6 and 3.7.2.1)

I hereby attest that I have reviewed this application and verify that this applicant can access medical control for the level of licensure requested in this application.

To be completed by District Medical Advisor:

Signature _____

Printed Name _____ Date _____

SERVICE LICENSE RENEWAL APPLICATION

EMS DISTRICT BOARD REVIEW AND RECOMMENDATIONS

Service Name _____ EMS District _____

If any of the answers below require additional space, please use blank paper and make clear the section(s) being addressed.

The District Board, in conjunction with the municipal officials, agrees that the service's primary coverage area is as outlined on Pages 11 & 12 of this application. [Refer to 24VSA §2657(7); EMS Rules Sections 2.4.2.7 and 3.4.2.9] If no, explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
The applicant has agreed to participate in the EMS District's response plans for mutual aid/mass casualty incidents and other district policies and procedures. [Refer to EMS Rules Sections 2.5.0.3 and 3.5.0.3] If no, explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
The applicant has satisfactory arrangements for dispatching and communications. [Refer to EMS Rules Sections 2.5.0.4, 2.4.2.2, 3.5.0.4 and 3.4.2.2] If no, explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
The applicant has an adequate number of personnel trained at level(s) to support operations as proposed in this application. [Refer to EMS Rules Sections 2.4.2.9, 2.4.2.1.1, 3.4.2.1.1 and 3.4.2.10] If no, explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
The applicant has adequate plans for initial and continuing education, credentialing and quality improvement. [Refer to EMS Rules Sections 2.4.2.1.1, 2.4.2.11, 3.4.2.1.1 and 3.4.2.12] If no, explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the applicant have the required operational letter(s) of agreement if relevant? [Refer to EMS Rules Sections 2.4.2.8 and 3.4.2.8] If no, explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Should this service make any changes or improvements? If yes, explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you recommend that the service be issued a license at this time? If no, why not?	Yes <input type="checkbox"/> No <input type="checkbox"/>

District Board Chairperson Approval: [Refer to EMS Rules Sections 2.5 and 3.5]

By signing this application on behalf of District Board # _____, I attest to the fact that this application has been reviewed by the District Board, which has agreed to the recommendations made herein.

Signature _____ Date _____

The district should keep copies of license applications. The originals will be sent to the EMS office.