

WVOEMS Licensing of EMS Agencies Application Packet

Special Notice: An EMS Agency must be licensed by WVOEMS. Fire Departments that charge a fee for its medical services or transports patients must be licensed by WVOEMS. Rapid Response Fire Departments that do not charge a fee for its medical services or transports patients may either become licensed EMS agencies (Legislative Rule 64 CSR 48-4.5.9.a) or have an affiliated agreement with a WVOEMS licensed EMS agency in accordance with Legislative Rule 64 CSR 48-4.5.9.c

OEMS

**OFFICE OF EMERGENCY
MEDICAL SERVICES**

**Division of
EMS Licensure
and Certification**

West Virginia Department of
Health and Human Resources



350 Capitol Street, Room 425
350 Capitol Street Rm. 425

West Virginia Office of Emergency Medical Services
350 Capital Street Rm. 425
Charleston, WV 25301-3714
emslicensure@wv.gov
(304) 558-3956
www.wvoems.org

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Instructions: These forms can be either printed and filled out or you may complete them by filling in the fillable spaces. After completing the packet, email to EMSLicensure@wv.gov.

Equipment list is for reference use ONLY, if you have vehicles that will require inspection at the time of Agency Licensure.

EMS Agency License Application

Date:

Application

Renewal

Modification (highlight area for modification)

Agency:		FEIN:	
DBA:		County:	
Physical Address:		Squad Code:	
City:	State: Click	Zip Code:	
Mailing Address (if different than above)		or tap here to Website:	
City:	State:	Zip Code:	
Phone:	Fax:	Email Address:	
Official Representative:		Title:	
Mailing Address:		WV OEMS No:	
City:	State:	Zip Code:	
Daytime Phone:	Home Phone:		
Fax:	Cell:	Email Address:	
<input type="checkbox"/> Agency Training Coordinator:			
<input type="checkbox"/> Agency Training Officer:		Title:	
Mailing Address:		WV OEMS No:	
City:	State: Click	Zip Code:	
Daytime Phone:	Home Phone:	or tap here to	
Fax:	Cell:	Email Address:	
Assistant Agency Training Officer:		Title:	
Mailing Address:		WV OEMS No:	
City:	State:	Zip Code:	
Daytime Phone:	Home Phone:		
Fax:	Cell:	Email Address:	
Medical Director:		WV License No:	
Mailing Address:		WV OEMS No:	
City:	State:	Zip Code:	
Daytime Phone:	Home Phone:		
Fax:	Cell:	Email Address:	

Attach additional page(s) if Agency has more than one Asst. Medical Director

Licensure Level (check all that apply)

Non-Transporting

- Fire Department Rapid Response – Basic Life Support **
- Fire Department Rapid Response - Advance Life Support **
- EMS Rapid Response - Basic Life Support
- EMS Rapid Response – Advanced Life Support

Transporting

- Basic Life Support Ground Ambulance
- Advance Life Support Ground Ambulance
- Critical Care Transport Ground Ambulance
- Specialized Multipatient Medical Transport (EMS Agencies Only)
- Fix Wing Transport
- Rotary Wing Transport

** In accordance with Legislative Rule 64 CSR 48-4.5.9 fire departments must be recognized by the State Fire Marshall's Office to be eligible for a licensure.

Type of Service

- 911 Response WITH Transport
- 911 Response WITHOUT Transport
- Medical Transport (Convalescent)
- Air Medical

Provider Description

Corporate Structure:

- Government/Public
- Private Non-Profit
- Private-for-Profit

Organization Type:

- Ambulance
- Fire Department
- Hospital Based
- Industrial
- Other:

Describe the area(s) in which you provide service. Attach additional pages if necessary and map if available.

Insurance Information (Attach copy of current policy)

Medical Liability Insurance Provider: Policy No.:

Company's Name: Expiration Date:

Worker's Compensation Insurance Provider: Policy No.:

Company's Name:	Expiration Date:
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**Bureau for Public Health
Office of Emergency Medical Services**

Staffing Information

Staff Level	Full-time	Part-time	Paid per Call	Volunteer	Total
EMVO					
EMR					
EMT					
ACT					
PARAMEDIC					
MCCN/MCCP					
Totals					

Vehicles

Number of Non-Transporting Class A:	
Number of Ground Ambulance Basic Life Support units (BLS) Class B:	
Number of Ground Ambulance Advanced Life Support units (ALS) Class C:	
Number of Ground Ambulance CCT units Class D:	
Number of Rotary/Fixed wings units Class E:	
Number of SMPMT units Class F:	

Radio Frequencies:

Primary Dispatch Transmit Frequency		Primary Dispatch Receive Frequency	
CTCSS Transmit Frequency		CTCSS Receive Frequency	

EPCR VENDOR

Note: In accordance with Legislative Rule 64 CSR 48-3.2.2 Agencies shall collect, maintain, and report accurate patient data for all incidents. Agencies shall complete a Patient Care Report (PCR) for all incidents. PCRs shall be completed and submitted to the PreMIS following the conclusion of providing services to a patient

Electronic Patient Care Report (EPCR)

Vendor Name:

YES NO Paper placed into PreMIS

OEMS

OFFICE OF EMERGENCY
MEDICAL SERVICES

**Bureau for Public Health
Office of Emergency Medical Services**

Bureau for Public Health
West Virginia Department of
Health and Human Resources



Rapid Response Agency Chart

Note: If your Agency has Affiliated Agreements with Rapid Response Fire Departments, please list them and provide copy of Affiliated Agreement Contract for each agency in accordance with Legislative Rule 64 CSR 48-4.5.9. c. (must address Medical Direction, Training, Quality Assurance, and Liability Insurance).

Rapid Response Agency

Level of Service

Attach additional pages if necessary.

APPLICATION ACKNOWLEDGEMENT

I verify that all information contained within this document is true and accurate. Any subsequent transactions which alter this information will be promptly reported to the West Virginia Office of Emergency Medical Services Licensure Coordinator.

Print Agency Official Representative Name:

Title:

Date:

Signature Agency's Official Representative

Date:

Print Agency Medical Director Name:

Date:

Signature of Agency Medical Director

Date

EMS Agency Personnel Roster

Agency Name:					
Name:	WV Number:	Certification	Job Title:	Expiration Date: (mm/dd/yyyy)	Phone:

EMS Agency Station Registry

Agency Name:	
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Current EMS Agencies, are these stations current within ImageTrend?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Station Number:	Number of Vehicles:	Address or Location of Station	Precise directions to location	GPS: Longitude/Latitude