



West Virginia Department of Health and Human Resources  
 Bureau for Public Health  
 Office of Emergency Medical Services  
 350 Capitol Street, Room 425  
 Charleston, WV 25301-3716

EMS Agency License Application

Date \_\_\_\_\_  New Application  Renewal  Modification *(highlight area for modification)*

<b>Agency:</b>		<b>FEIN:</b>
DBA:		County
Physical Address:		Squad Code:
City:	State:	Zip Code:
Mailing Address (if different than above)		Website:
City:	State:	Zip Code:
Phone:	Fax:	Email Address:

<b>Official Representative:</b>		<b>Title:</b>
Mailing Address:		WV OEMS No:
City:	State:	Zip Code:
Daytime Phone:	Home Phone:	
Fax:	Cell:	Email Address:

<input type="checkbox"/> <b>Agency Training Coordinator:</b>		
<input type="checkbox"/> <b>Agency Training Officer:</b>		<b>Title:</b>
Mailing Address:		WV OEMS No:
City:	State:	Zip Code:
Daytime Phone:	Home Phone:	
Fax:	Cell:	Email Address:

<input type="checkbox"/> <b>Assistant Agency Training Coordinator:</b>		
<input type="checkbox"/> <b>Assistant Agency Training Officer:</b>		<b>Title:</b>
Mailing Address:		WV OEMS No:
City:	State:	Zip Code:
Daytime Phone:	Home Phone:	
Fax:	Cell:	Email Address:

<b>Medical Director:</b>		<b>WV License No:</b>
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

revised 5-23-13



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License Level (check all that applies)
<input type="checkbox"/> Fire Department Rapid Response - Basic Life Support (Non-transporting)** <input type="checkbox"/> Fire Department Rapid Response - Advanced Life Support (Non-transporting)** <input type="checkbox"/> Rapid Response - Basic Life Support (Non-transporting) <input type="checkbox"/> Rapid Response - Advanced Life Support (Non-transporting)  <input type="checkbox"/> Basic Life Support <input type="checkbox"/> Advanced Life Support <input type="checkbox"/> Critical Care Transport <input type="checkbox"/> Specialized Multipatient Medical Transport <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing  <p>** Only fire departments recognized by the State Fire Marshall's Office are eligible to apply for a license, under these requirements and standards found in WV Health Legislative Rule §64CSR48.</p>

Provider Description
<b>Corporate Structure:</b>
<input type="checkbox"/> Government/Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private-for-Profit
<b>Organization Type:</b>
<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Department <input type="checkbox"/> Hospital Based  <input type="checkbox"/> Industrial <input type="checkbox"/> 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.:
Address:		Expiration Date:
City:	State:	Zip code:
Agent Name:	Phone:	Fax:



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

Vehicles	
Units	Number of Basic Life Support units (BLS) _____ Number of Advanced Life Support units (ALS) _____ Number of Rotary/Fixed wings units _____ Number of CCT units _____ Number of SMPMT units _____ Number of Non-Transporting Class A _____
<b>Radio Frequencies:</b>	
Transmit Frequency _____	Receive Frequency _____
Transmit Frequency PL _____	Receive Frequency PL _____

Rapid Response	
Do you have rapid response agencies that are operating under your agency's license through an affiliation agreement:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete chart below:
Do you have written agreements with rapid response agencies, but are licensed independently?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete chart below:

Rapid Response Agency	Level of Service

Attach additional pages if necessary

I verify that all information contained within this document is true and accurate. Any Subsequent transactions which alter the information will be promptly reported to the West Virginia Office of Emergency Medical Services.		
Signature of Agency's Official Representative	Title	Date
Signature of Agency Medical Director		Date