

WVOEMS

Licensing of Fire Service Rapid Response Agencies

Application Packet

Special Notice: In accordance with Legislative Rule 64 CSR 48- 4.5.c A Fire Department certified by the West Virginia State Fire Commission is not subject to licensure if it only provides basic life support services pursuant to an agreement with a WVOEMS Licensed EMS agency that addresses medical direction, training, quality assurance, and liability insurance. However, some Rapid Response Fire Departments who choose to become licensed in accordance with Legislative Rule 64 CSR 48-4.5.9..b.1 are encouraged to do so, and will be free of charge for all agency and yearly vehicle fees.

OEMS

OFFICE OF EMERGENCY
MEDICAL SERVICES

Division of
EMS Licensure
and Certification

West Virginia Department of
Health and Human Resources



West Virginia Office of Emergency Medical Services
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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: <small>Click</small>	Zip Code:	
Mailing Address (if different than above)		<small>or tap here to</small>	
		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: <small>Click</small>	Zip Code:
Daytime Phone:	Home Phone:	<small>or tap here to</small>	
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 applies)

Non-Transporting

- Fire Department Rapid Response – Basic Life Support (Non-Transporting) **
- Fire Department Rapid Response - Advance Life Support (Non-Transporting) **

** 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 Transport **WITHOUT** Transport

Provider Description

Corporate Structure:

- | | | |
|--|---|---|
| <input type="checkbox"/> Government/Public | <input type="checkbox"/> Private Non-Profit | <input type="checkbox"/> Private-for-Profit |
|--|---|---|

Organization Type:

- | | | |
|-------------------------------------|--|---|
| <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.:

Company Name:

Expiration Date:

Worker's Compensation Insurance Provider:

Policy No.:

Company's Name:

Expiration Date:

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 PL		CTCSS Receive Frequency	

EPRC 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:
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Paper placed into PreMIS	

Rapid Response Agency Chart (IF APPLICABLE)

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

Requirement Self Check Sheet
Fire Department Rapid Response Requirements (ONLY)

Official Representative has verified they are in compliance with the requirements set in subsection 4.11 through 4.19 and signed and attest to compliance before a notary public §64CSR48-4.10.4.a.

Self-Check Sheet Requirements	Yes/No	Comments
Place of Operation: storage, supplies, sanitary requirements, living quarters, medical waste. §64CSR48-4.11.1-4		
Operational Policies and Procedures: include but not limited to, operation and maintenance of services; equipment and facilities management; health and safety practices for personnel; patient safety; infection control practices; antiharassment; vehicle operations; and personnel management. §64CSR48-4.12		
Records: records must be stored from water and fire damage and disclosure to persons other than those authored. Shall comply with data collection and reporting requirements set by subsection 3.2. records are maintained for not less than seven years. §64CSR48-4.13		
Insurance: Proof of errors and omission insurance as required by W. Va Code §16-4C-16. Current Worker's Compensation §64CSR48-4.9, Current insurance policies for all vehicles operated. §64CSR48-4.14		
Non-Discrimination: Written policy to prohibit the refusal of emergency response, treatment, and transport of patients regardless of patient's age, gender, ethnicity, or ability to pay for services. §64CSR48-4.15		
Public Access: provide a publicly listed telephone number to receive request for services from the general public. Primary emergency number 9-1-1. §64CSR48-4.16		
Availability: shall ensure that service for which they are licensed is available to the public on a 24-hour continuous basis either by providing the service themselves or by written agreement with another licensed EMS agency. §64CSR48-7.17		
Communication: Communication system must comply with state and federal rules, regulations, policies, and protocols. §64CSR48-4.18		
Performance Improvement: develop a performance improvement plan based on your Self-check of the requirements. §64CSR48-4.19 turn in with your application packet		
Agency Official Representative Name: (Printed)		
Agency Official Representative Signature:	Date:	
Witness by Notary:	Date:	
Notary Signature:		