



Department of Emergency Medical Services

APPLICATION FOR PRIVATELY FUNDED MEDICAL TRANSPORT SERVICE

Type of Franchise Requested:

- Specialty Care Transport – Hospital Affiliation: _____
- Non-Emergency Ambulance - NCOEMS BLS Ground Ambulance
- Convalescent Ambulance – NCOEMS Convalescent Ambulance

A. Name of Applicant: _____
(Official Name of Organization)

B. Wake County Address of Applicant:

C. Name of Owner/President of individual responsible for operations or organization:

D. Address of Owner/President:

E. Telephone number of Owner/President: _____

Department number, if different: _____

F. Point of Contact for Application Process:

- a. Name: _____
- b. Telephone Number: _____
- c. E-mail Address: _____
- d. Mailing Address: _____

G. Medical Director:

- a. Name: _____
- b. Telephone Number: _____
- c. E-mail Address: _____
- d. Mailing Address: _____

- e. NCCEP Medical Director Course Completion Date: _____

H. REQUIRED ATTACHMENTS:

1. State Registration Documents for the Organization. (i.e. Articles of Incorporation, Partnership filing, etc.)
2. Agency Organizing Documents (i.e. By-laws, Partnership Agreement, etc.)
3. Training, credentials, and experience of the applicant / owner related to the operation of non-emergency ambulance service and patient care.
4. Alphabetical roster of personnel (fulltime, part-time and volunteer) with names, NC OEMS P-numbers, level of certification and re-certification date.
5. Copy of Agencies Standard Operating Procedures
6. List of vehicles owned and operated by applicant including the following information:
 1. Chassis manufacturer
 2. Ambulance manufacturer
 3. Year of manufacture
 4. Vehicle identification number
 5. NCOEMS permit number (If already permitted)

7. Copy of current ambulance state inspection report for **EACH** certified vehicle. (Deferred if start-up company until franchise is granted)
8. Inventory of all equipment to be carried on the ambulance. Please note that non-emergency ambulance franchisees can only function at the EMT-Basic level in Wake County.
9. Copy of current insurance policy meeting requirements of Wake County (111.04 D 12 a-b)
 - General Liability or Bond
 - Automobile or Bond
10. Location(s) of base – substations – offices of operations and/or business in Wake County:
11. Brief statement assuring the applicant will not discriminate with regard to race, color, creed, national origin, or gender.
12. An audited financial statement for the last two years of business (if the company is a start-up, then a business plan will suffice for this requirement).
13. An official criminal record of the applicant (if sole proprietorship), all partners (if partnership), or any officers, directors, or managers (if a corporation or other business entity).
14. Description of method of operation (Please review requirements in 111.04 H 6.)
15. A notarized statement certifying that the applicant is not debarred from receiving Medicare or Medicaid programs, nor currently the subject of debarment proceedings and is/will remain in compliance with this ordinance, NCOEMS rules, and all applicable state and federal statutes and regulations.
16. Brief description of method of compliance with records section of ordinances (111.04 H 3).
17. Statement of understanding and compliance with PreMis reporting requirements (111.04 H 2).

18. Statement of understanding of the requirement to submit a reports (111.04 H 7).
19. Copy of NCCEP Compliant Patient Care Protocols, Policies, and Procedures (<http://www.ncems.org/nccep.html>)
20. Sample: Patient Care Report
21. Sample: Vehicle Check sheet

OTHER

- A. Annual calls run in year 200 ____ (most recent year): _____.
- B. Description of contract in force with health cares agencies, nursing homes, hospitals, etc.
- C. Description of business strategy. (Submission of a business plan will suffice for this narrative)
- D. Organizational chart with titles and names.
- E. Schedule of all fees including categories of service and other fees (waiting time etc.)
- F. Such other information as may prove beneficial of the County in determining the capability of the applicant to provide services in the County of Wake.

The above information and attachments are believed true and factual.

Attested to this date: _____

Name of Applicant: _____

By _____
Signature

Title