Suggestions/Reminders Prior to Completing the Alabama EMS Service Application:

Local Licensing

Prior to completing and submitting this application it is advisable that you contact your local government (county and/or municipality) to determine local licensing requirements, restrictions, etc. It is the responsibility of the service's administration to ensure local and state government requirements are met before, during, and after a service has been licensed to provide EMS care by the Alabama Department of Public Health's Office of EMS (OEMS). This includes registration with the Alabama Department of Revenue and the Secretary of State.

Completing the EMS Service Application

Alabama EMS licenses are issued for the county in which it is physically located. If the service has more than one location in any given county, only one primary physical location is required on the application.
The name of the service must appear on both sides of responding vehicles. All pages of this form must be typed to ensure legibility.
All required signatures must be original and in blue ink.
Proof of at least $1 million of liability insurance must be submitted with the application.

Note: List of vehicles and personnel roster are ONLY required for initial applications.

Service Plans

Every service must submit service plans. These plans must be approved by the OEMS prior to licensure approval. Below are the plans required for each service level.
BLS: Infectious Disease Intervention Plan and Quality Assurance/Quality Improvement
Plan ALS3: BLS plans and a Fluid/Drug Security Plan
ALS2: BLS plans and a Fluid/Drug Security Plan
ALS1: BLS plans, a Fluid/Drug Security Plan, plus a Controlled Substance
Plan ALS1 CC: BLS plans, a Fluid/Drug Security Plan, plus a Controlled Substance Plan
Both transport or non-transport services must submit these plans for approval. To ensure every service understands the required contents of each plan, links to service plan checklists are provided on the Service License page of the OEMS website. https://www.alabamapublichealth.gov/ems/service-licensure.html
It is acceptable and even recommended, that you communicate with the Provider Services Coordinator prior to submitting these plans to ensure minimum requirements have been satisfied.
For a description of the EMS levels listed above, please review the Licensure for Emergency Medical Provider Services section in the Alabama State EMS Rules.

https://www.alabamapublichealth.gov/ems/assets/ems.rules.041420.pdf

Patient Care Reporting

Part of being a licensed EMS service by the OEMS, is an understanding of the importance of submitting Electronic Patient Care Reports (ePCRs) for every response in a timely manner. As part of the service's standard operating procedures, accuracy and attention to detail should be stressed when completing the reports. Computers and access to the internet must be provided to personnel so that the ePCRs can be completed and submitted via an OEMS approved ePCRs software. If your service intends to use any other software, it must go through a testing procedure to ensure compatibility before approval will be granted.

Obtaining the Initial License

When your license has been approved, a member of the OEMS compliance section will contact you to schedule an inspection. The license will be provided to a representative of the service after the inspector is satisfied that all compliance requirements have been met.

ALABAMA DEPARTMENT OF PUBLIC HEALTH

Office of EMS Service License Packet

208 Legends Court
Prattville, AL 36066

emsproviderservices@adph.state.al.us

(OFFICE OF EMS USE ONLY)

CURRENT EXP. DATE: _____ NEW EXP. DATE: _____CERTIFICATE #: _____

DEPOSIT #: _____ APP. REC'D: _____ FEE REC'D: _____ AMT. REC'D: _____ CK/M.O.#: _____

APPROVED BY: _____DATE: _____

Requested Transportation Type:	Approved	☐	Denied	☐
Requested EMS Level:	Approved	☐	Denied	☐

State Board of Health/Designee: _____

Alabama EMS Service License Application

TODAY's DATE: _____ TARGET DATE TO BEGIN OPERATIONS: _____

CURRENT SERVICE ID: _____
(For reclassifying, renewing, or updating only)

Choose the highest level of care to be given by: **ALS1 CC:** Paramedic Critical Care
ALS 1: Paramedic * **ALS 2:** Advanced EMT * **ALS 3:** Intermediate EMT * **BLS:** EMT (Transport Only)
Licensure not available for BLS - Non-Transport

Application Type

NEW SERVICE ☐
RENEWAL ☐
RECLASSIFICATION ☐
INFORMATION UPDATE ☐

ALS1 CC ☐
ALS1 ☐
ALS2 ☐
ALS3 ☐
BLS ☐

AIR MEDICAL ($100) ☐
TRANSPORT ($100) ☐
NON-TRANSPORT ($0) ☐

Business Structure

CITY ☐ COUNTY ☐ STATE ☐ FEDERAL ☐ MILITARY ☐ TRIBAL ☐ NON-PROFIT ☐ FOR PROFIT ☐

Organization Type

FIRE ☐ EMS ☐ HOSPITAL ☐ LAW ENFORCEMENT ☐ AIR MEDICAL ☐ OTHER ☐

OWNER OF SERVICE: _____

NAME OF BUSINESS: _____
(NAME TO BE PRINTED ON THE LICENSE)

PHYSICAL ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: (____) _____ EMAIL ADDRESS: _____

CONTACT PERSON: _____ POSITION: _____

CELLULAR PHONE: (____) _____ EMAIL ADDRESS: _____

PEDIATRIC EMERGENCY CARE/ALS COORDINATOR: _____

BUSINESS PHONE: (____) _____ EMAIL ADDRESS: _____

DISPATCH AGENCY: _____ PHONE: (____) _____

QUALITY ASSURANCE/QUALITY IMPROVEMENT AGREEMENT

As the owner or designated representative of this service, I hereby attest that a Quality Assurance/Quality Improvement Plan is incorporated in the service's Standard Operating Procedure and being utilized. The leadership staff for this service, including the contracted Medical Director, will review and make adjustments as necessary to extract the necessary data to ensure excellent care for patients and determine training needs for providers to rectify weaknesses.

Owner/Designee: _____ Date: _____

OFF-LINE MEDICAL DIRECTOR APPROVAL

This form is to be utilized as both the Off-Line Medical Director's Selection, and Designated Medical Direction Hospital Approval, for all Licensed Transport and Advanced Life Support Services; and it must be completed each time an application is submitted, or when a service selects a new Off-Line Medical Director or Designated Medical Direction Hospital.

Physician's Name:_____ **Physician's Email:** _____

Alabama License #: _____ **Physician's MCID** #: _____

Hospital Affiliation: _____

By signing this application, I understand that I am committing myself to serve as the Off-Line Medical Director for:

_____ **Ambulance/Emergency Service of** _____**County**

I will be expected to perform the duties thereof, as outlined in **Section 420-2-1-.06, et.** al, of the State Emergency Medical Services Rules.

_____ _____

PHYSICIAN'S SIGNATURE (original) **DATE**

PHARMACY or PHARMACEUTICAL SUPPLIER

I agree to notify, in writing, the authorized pharmacy and the Alabama Department of Public Health, Office of EMS, of any changes or operational procedures, which would alter the content of the current authorization. Some services may change their Fluid/Medication Plans and purchase through the use of a DEA-222 Official Order Form, including Nitrous Oxide/Oxygen mixture, and/or Morphine Sulfate/Fentanyl from an outside vendor. If your service continues to operate its ALS authorization through the hospital pharmacy, then you must understand that the Nitrous Oxide/Oxygen mixture and the Morphine Sulfate/Fentanyl (if either is applicable to this authorization) must be dispensed under the authorization of the hospital pharmacy currently supplying and re-supplying I.V. Fluids and Medications to this service. This agreement will become effective upon its approval by the Alabama State Board of Health.

NAME OF PHARMACEUTICAL SUPPLIER(S): _____

AMBULANCES AND ALS VEHICLES

Initial Application Only

(Vehicles cannot be listed for multiple service numbers, list the primary county of operation only)

Unit Number	Year	Make	Vehicle Type*	Vehicle Identification Number	Box Identification # (If different than VIN)	TAG #

*Use the following abbreviations for EMS Vehicle Type:

A-Ambulance **P**-Pumper **R**-Rescue/Utility Vehicle **S**-SUV **O**-Other **H**-Helicopter

PERSONNEL ROSTER

Initial Application Only

List all active personnel in alphabetical order, or attach roster with information requested below.

(For multistate services, list only Alabama licensed EMS personnel. Attach additional sheets, if necessary.)

	Name (Please Print) Last, First MI Alphabetical order	EMS Level*	State License Number	Employment Status (Full, PT, Vol)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

*Use the following abbreviations for EMS personnel levels: **R-**EMR **E**-EMT **A**-Advanced **I**-Intermediate **P**-Paramedic **C-**Critical Care Paramedic

I certify that the above listed information is true and correct to the best of my knowledge, that this licensed service will provide EMS coverage 24 hours a day, 7 days a week, and that appropriately licensed personnel will be on each run as provided for in the Emergency Medical Services Rules.

Signature of Applicant: _____ Date: _____

Alabama EMS Web Management

Please note:

- Each service must assign a Primary and a Backup Administrator (up to four users) who will be responsible for maintaining a current list of vehicles and a roster of personnel.
- This form must accompany every licensed service, even if the administrators are the same.
- Emails provided on this form will be the usernames for that user.
- The password to access the system will be sent to the email addresses provided on this form.

User 1 (Primary)

Last name: _____ First: _____ Middle: _____

SSN: _____ Bus. Phone: _____ Cell Phone: _____

Email Address: _____ **Access Rights:**
(This will be your username.)

I will not share access to this site with any other individual Edit ☐ View Only ☐

_____ _____
(Signature) (Date)

User2 (Backup)

Last name: _____ First: _____ Middle: _____

SSN: _____ Bus. Phone: _____ Cell Phone: _____

Email Address: _____ **Access Rights:**
(This will be your username.)

I will not share access to this site with any other individual Edit ☐ View Only ☐

_____ _____
(Signature) (Date)

User 3

Last name: _____ First: _____ Middle: _____

SSN: _____ Bus. Phone: _____ Cell Phone: _____

Email Address: _____ **Access Rights:**
(This will be your username.)

I will not share access to this site with any other individual Edit ☐ View Only ☐

_____ _____
(Signature) (Date)

User 4

Last name: _____ First: _____ Middle: _____

SSN: _____ Bus. Phone: _____ Cell Phone: _____

Email Address: _____ **Access Rights:**
(This will be your username.)

I will not share access to this site with any other individual Edit ☐ View Only ☐

_____ _____
(Signature) (Date)

Alabama Department of Revenue

EMERGENCY MEDICAL TRANSPORT ASSESSMENT FEE

What is this?

The purpose of the assessment is to provide additional Medicaid enhancement payments for the maintenance and expansion of emergency medical transport services.

It is assessed on gross receipts collected by all Emergency Medical Transport Providers licensed by the Alabama Department of Public Health's Office of Emergency Medical Services offering ground transports.

If you do not collect revenue, you will still be required to create an account and file quarterly reports, even if no transports occurred during the period.

How do I register?

You may register at https://myalabamataxes.alabama.gov

If you already have a My Alabama Taxes (MAT) login, sign in and go to the accounts tab and click the link to "Register additional tax types/ Obtain a new tax account number".

If no MAT login exists, please click on "Register a business/ Obtain a new tax account number" in the Businesses section of the MAT home page. A copy of your EMS license(s) will be required.

Emergency Medical Transport Fee is assessed according to §§40-26B-90 through 40-26B-99, Code of Alabama 1975. *Act 2022-128*

For questions or concerns, contact Alabama Department of Revenue Sales and Use Tax Division
(334) 242-1490