2014-2016
NORTH DAKOTA LICENSE RENEWAL APPLICATION
BASIC LIFE SUPPORT GROUND AMBULANCE

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 53888
8/2015

Name of BLS Ground Ambulance Service	License Number

Where as, the above-named ambulance service provides emergency medical care and uses publicly or privately owned vehicles upon the streets or highways of this state for the transportation of persons who are sick, injured, wounded, or otherwise incapacitated or helpless, and holds itself to the public, or to its employees, for such a service or regularly provides such a service.

Where as, the above-named ambulance service will provide services which meet the standards of Chapter 23-27 of the North Dakota Century Code, and regulations promulgated by the State Health Council governing basic life support ground ambulance service.

Application is hereby made to operate as a basic life support ground ambulance service until midnight October thirty-first of the year 2016.

This license is nontransferable and substation ambulances may not operate independently outside the primary license holder. Substation ambulances must display the name of the headquarter ambulance on all vehicles. A licensing fee is required for each substation licensure in addition to the headquarter ambulance licensure fee.

The license fee of $50.00 plus $50.00 for each substation is enclosed and made payable to:

North Dakota Department of Health.

Signature	Date

DEMST OFFICE USE ONLY
License Number
Date Issued
Substations
Amount Due
Approved by

STATE USE ONLY
Date Received
Amount Received
Cash MO Check Number _____

Name of BLS Ground Ambulance Service		License Number
Physical Address of Service		
City	State	ZIP Code
Mailing Address of Service		
City	State	ZIP Code
County	Region	
Day Telephone Number	Evening Telephone Number	Fax Number
Agency E-mail Address		
Squad Leader		
Contact Person (if different)		
Squad leader and contact person must be listed on your service roster.		

OWNERSHIP

Name of Exact Ownership of Service				
Check one:	☐ Hospital Based	☐ Fire Based	☐ Private / Independent	☐ Government / Non-Fire Entity

TYPE OF CONTROL

Governmental	☐ County	☐ Municipal	☐ County and City	☐ Tribal	☐ Federal
Non-profit	☐ Corporation	☐ Association			
For-profit	☐ Individual	☐ Partnership	☐ Corporation		
Is your corporation / partnership / association listed as "In Good Standing" with the North Dakota Secretary of State?			☐ Yes	☐ No	

STAFFING

Check one:	☐ Volunteer	☐ Paid	☐ Combination	
Paid Staff	☐ Not Applicable	☐ Up to 3	☐ 4 to 5	☐ 6 or more
Number of staff members on a scheduled shift				
What type of shifts are service personnel scheduled?				
☐ 8 hours ☐ 12 hours ☐ 16 hours ☐ 24 hours ☐ 1 week ☐ 2 weeks ☐ Other Please explain				
Are substations staffed in the same manner?	☐ Yes	☐ No	☐ Not Applicable	
Does this BLS service maintain the ability to flex to ALS capabilities?		☐ Yes	☐ No	

MILL LEVY

Does the service have a mill levy in place?	☐ Yes	☐ No
If yes: Number of mills	Amount Received	
Other tax money received		

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VEHICLE AND LIABILITY INSURANCE CARRIERS

Name of Vehicle Insurance Company		
Agent Name	Agent Address	
City	State	ZIP Code
Name of Medical Liability Insurance Company		
Agent Name	Agent Address	
City	State	ZIP Code

DISPATCHING

Who dispatches your service? (Check all that apply)	☐ County	☐ State Radio	☐ Hospital	☐ Nursing Home
	☐ Other (Please explain)			
Name of emergency dispatching agency				
Location (City)	Contact Phone Number			
Is a 911 call center able to dispatch your service directly?			☐ Yes	☐ No
If no, who does the 911 call center contact in order to dispatch?				
List any numbers (other than *911) the service may be dispatched by				
How are your personnel notified?	☐ Pager	☐ Radio	☐ Telephone	☐ Other (Please explain)

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☐ Check here if you have updated your vehicle roster online. If so you may leave this page blank.

VEHICLE ROSTER INFORMATION: BLS GROUND AMBULANCE

Unit Number (Radio)					Year	Make
VIN Number						Mileage
Ambulance Cell Phone Number						☐ Primary Vehicle ☐ Backup Vehicle

Unit Number (Radio)					Year	Make
VIN Number						Mileage
Ambulance Cell Phone Number						☐ Primary Vehicle ☐ Backup Vehicle

Unit Number (Radio)					Year	Make
VIN Number						Mileage
Ambulance Cell Phone Number						☐ Primary Vehicle ☐ Backup Vehicle

Unit Number (Radio)					Year	Make
VIN Number						Mileage
Ambulance Cell Phone Number						☐ Primary Vehicle ☐ Backup Vehicle

Unit Number (Radio)					Year	Make
VIN Number						Mileage
Ambulance Cell Phone Number						☐ Primary Vehicle ☐ Backup Vehicle

Name of BLS Ground Ambulance Service	License Number

AMBULANCE PERSONNEL ROSTER: BLS GROUND AMBULANCE

☐ Check here if you have updated your personnel roster online. If so you may leave this page blank.

NOTE: State ID numbers are required. Application will be rejected if this information is not provided. If you are listing new members, you must include EMS registration forms or ALS licensure forms.

First Name	Last Name	State ID Number	Provider Level

Name of BLS Ground Ambulance Service	License Number

AMBULANCE PERSONNEL ROSTER, CON'T: BLS GROUND AMBULANCE

First Name	Last Name	State ID Number	Provider Level

Name of BLS Ground Ambulance Service	License Number

CHECKLIST OF REQUIRED EQUIPMENT: BLS GROUND AMBULANCE

Total Number of Vehicles in Service

Please make copies if additional pages are needed.

Please place an "X" in boxes if stocked.

Item	Unit Number(s)			
	UNIT #	UNIT #	UNIT #	UNIT #
Mounted ambulance cot with retaining straps				
Stretchers with retaining straps. Vehicle design dictates quantity.				
Piped oxygen system - with appropriate regulator and flow meter, or two "E" size bottles for minimum oxygen supply with regulator and flow meter				
Portable oxygen unit with carrying case. To include one "D" size bottle with another "D" bottle in reserve				
Three nasal cannula, three non-rebreather oxygen masks in adult and pediatric sizes, and three sets of oxygen supply tubing				
Suction wall mounted and portable capable of achieving 400 mm/hg 4 seconds or less, w/catheters in adult sizes, rigid and soft				
Bag valve mask resuscitation units in infant, child and adult sizes with appropriate sized face masks or pocket masks with oxygen inlet in infant, child and adult sizes				
Spine boards - one full size and one half size - with retaining straps				
Head to board immobilization device				
Commercial fracture splints usable for open and closed fractures or padded boards usable for pediatric and adult patients				
Hot packs - four minimum				
Cold packs - four minimum				
Activated Charcoal				
Obstetrical Kit - disposable or sterile				
Soft roller self adhering bandages - five yards (4.75 meters) long - twelve minimum				
Sterile burn sheets - two minimum				
Triangular bandages - three minimum				
Sterile gauze pads - four inches (10.16 centimeters) by four inches - twenty five minimum				
Trauma dressing - approximately 10 inches by thirty six inches - two minimum				
Nasopharyngeal airways in adult and child sizes - one set minimum				
Oral airways in adult and child sizes - one set minimum				
Sterile occlusive dressings - approximately three inches by nine inches				
Tape - assorted sizes - four rolls minimum				
Blunt Shears - two minimum				
Lower extremity traction splint				
Disposable gloves - small, medium and large - one box each min.				
Bedpan, emesis basin and urinal - single use or sterilizable; one each minimum				
Distilled water or saline solution - one gallon minimum				
Flashlights - two minimum				

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CHECKLIST OF REQUIRED EQUIPMENT: BLS GROUND AMBULANCE

Item *Please make copies if additional pages are needed.* **Please place an "X" in boxes if stocked.**	**Unit Number(s)**			
	UNIT #	UNIT #	UNIT #	UNIT #
Reflectorized flares for securing scene - three sets minimum				
Red biohazard bags - three minimum				
Cervical collars - small, medium and large one each minimum				
Two blankets, two pillows, four sheets and four towels.				
Tubiculcidal disinfectant product				
Fire extinguisher - dry chemical, mounted, five pound (2.27 Kg) minimum				
Automatic Defibrillator				
Stethoscope with adult and pediatric capabilities				
Blood pressure manometer with cuff size in large adult, adult, child and infant				
Glutose or glucose - one oral dose minimum				
Reflectorized flares for securing scene - 3 sets minimum				
Twenty-five triage tags				
VHF radio with capabilities of meeting EMS standards as determined by the department				
Portable radio capable of reaching law enforcement & hospitals				
Personal protection equipment, such as mask, non-absorbant gown, protective eyewear - four each minimum				
Biological fluid cleanup kit				
Reflective vest - minimum of two				
Pediatric backboard				
Pediatric traction splint				
Appropriate pediatric reference material				
Pulse oximeter				
Written treatment protocols				

Additional Equipment (not required by DEMST)

Infant / child car seat				

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SUBSTATION LICENSE

Please Note: Leave this area blank if your service does not have substations. If the substation ambulance is located within headquartered service area (city limits), substation licensure does not apply. Substations must display headquartered ambulance services name on all units. For each licensure only one roster is permissible. Contact person must be registered under service's personnel roster.

Substation 1

Location of Substation (city)	
Physical Address	ZIP Code
Unit Number(s)	Contact person of substation

Substation 2

Location of Substation (city)	
Physical Address	ZIP Code
Unit Number(s)	Contact person of substation

Substation 3

Location of Substation (city)	
Physical Address	ZIP Code
Unit Number(s)	Contact person of substation

Substation 4

Location of Substation (city)	
Physical Address	ZIP Code
Unit Number(s)	Contact person of substation

MEDICAL DIRECTOR AGREEMENT: BLS GROUND AMBULANCE

INSTRUCTIONS: This form must be completed with each ambulance licensure renewal application or at any time a change or addition of medical directors is made. All ALS personnel license applications, etc. must be signed by the medical director on record or they will be returned. A current medical director agreement must be on file for each service at all times.

PHYSICIAN MEDICAL DIRECTOR

First Name		Last Name	MI
Street Address / PO Box		City	
State	ZIP Code	Telephone Number	
ND License Number		Expiration Date	
Name of BLS Ground Ambulance Service			
Ambulance Service License Number			

I, the above-named physician, agree to function as Physician Medical Director for the above-named ambulance service, it's associated substation units and/or quick response unit(s). As Medical Director I understand that I am responsible for all patient care standards associated with the above named ambulance service and its associated substation(s) and/or quick response unit(s). The emergency medical services personnel working either as volunteers or as compensated employees for these services are acting as my designated agents when providing patient care. It is my duty to assure that a system for quality improvement / quality assurance is developed and implemented. I will provide input on training issues and provide online medical direction when necessary.

The expiration date of this agreement will coincide with the expiration date of the ambulance license or may be terminated upon written notification by the listed ambulance service or by myself to the Division of Emergency Medical Service and Trauma.

☐ Remove previous medical director from service roster.

☐ Add to service roster as additional medical director.

Medical Director Signature	Date

Name of BLS Ground Ambulance Service	License Number

MUTUAL AID AGREEMENT: BLS GROUND AMBULANCE

List ambulance services that this service has formal written agreements with for mutual aid. If no agreements have been made, leave this area blank.

Service	City

List Quick Response Units that this service has agreements with or collaborates with on emergency calls.

QRU	City

I hereby affirm that all information entered on this license application is true and correct to the best of my knowledge. I understand that any fraudulent entries may be sufficient cause for rejection or revocation of agency licensure.

I further agree to notify the North Dakota Department of Health Division of EMS and Trauma immediately if any changes in status occur. I agree that this ground ambulance service completes a trip ticket for each call and submits the required data to the Division of EMS and Trauma with the standards set by the North Dakota Department of Health as well as meeting all other requirements for ambulance licensure as outlined in Chapter 23-27 of the North Dakota Century Code.

Signature	Date

Click here to print completed form. Sign and mail with payment to the address

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF ACCOUNTING
600 E. BOULEVARD AVE. DEPT 301
BISMARCK, ND 58505-0200