

# Bureau of Emergency Medical Services Non-Emergency Medical Transport Application

Complete and return this application with all supporting documentation and payment to:

Bureau of Emergency Medical Services
Attn: Licensing/Inspections/Compliance
310 Airport Road South
Suite B
Pearl, MS, 30208

# Pearl, MS 39208 or via email: steven.jones@msdh.ms.gov SECTION 1 – Non-emergency Medical Transport (NEMT) Business Information **Business Name: Street Address: Primary Physical Station** Address: Zip: City: State: Street Address: **Mailing Address:** City: State: Zip: SECTION 2 – OWNER/APPLICANT INFORMATION Owner Name: Sole Proprietorship Owner Corporation Type: Other (Please list): Street/Box/Route: Address: City: State: Zip: Phone #: Fax #: E-Mail Address:

## SECTION 3 – MANAGER/POINT OF CONTACT INFORMATION

Manager/Contact Name:

Manage Contact Phone: Office & Cell #

Manager/Contact E-Mail Address:

## **SECTION 4 – MINIMUM REQUIREMENTS:**

## **Operations Site:**

- Operation shall provide for the on-site collection and maintenance of records
  - Accounting for all patients transported, including date of service, time of service, vehicle used, and driver in attendance
  - Employee records on all drivers for a period not less than five (5) years Operators
  - Records related to the issuance of permits and present the same on request of BEMS staff

### Vehicle Permits:

- Door placard reads: NON-EMERGENCY MEDICAL TRANSPORT VEHICLE THIS SERVICE DOES NOT PROVIDE MEDICAL CARE
- Required minimum equipment:
  - Cell phone capability to access 911
  - Two-way communications equipment to facilitate communications with operations base
  - Fire extinguisher
  - First aid kit
  - Seat belt cutter
  - Seat belt extender
  - Wheelchair loading and transport system for vehicles transporting wheelchair patients
  - Pocket mask device for CPR
  - High-visibility safety apparel (see Rule 1.20.6, MS EMS Rules and Regulations)

#### **Drivers**

- Non-emergency medical transport drivers must meet the following standards:
  - Initial and annual criminal background check with fingerprint clearance processed through the Department's Healthcare Background Check process
  - Initial and annual motor vehicle records (MVR) check clearance from the Department of Public Safety, verifying driving license at the level required for driving vehicles assigned to him/her;
  - Initial and annual negative result urine drug screen;
  - Initial and annual verification that the driver does not appear on the Office of Inspector General (OIG) exclusion list(s);
  - Initial and annual verification of appropriate training in use of the vehicle assigned to him/her, safety equipment recommended for the vehicle assigned to him/her; equipment installed in the vehicle assigned to him/her used in the transfer and/or transport of patients
  - Current certification in cardiopulmonary resuscitation

<b>SECTION 5 – ATTESTATION -</b> This section is to be completed by the owner(s)/applicant(s).							
I attest as follows:  the information contained in this application packet is true and accurate to the best of my knowledge							
Owner/Applicant Print Name:		Signature:		Date:			
SECTION 6 – VEHICLES TO BE PERMITTED							
Make/Model		Year	MS License Pl	late #	Site inspection verifies said vehicle meets requirements (see list above and MS EMS Rules and Regulations) To be completed by Bureau of EMS Staff		

SECTION 7 – DRIVERS TO BE APPROVED							
Name	MS DL #	Said drivers meet requirements (see list above and MS EMS Rules and Regulations) To be completed by Bureau of EMS Staff					

DET	DETERMINATION:				
*	Application approved following site visit and verification of driver requirements				
*	Application partially approved with explanation:				
*	* Application incomplete, returned for additional information				
*	* Application not approved with explanation:				
	Bureau of EMS Staff Member Signature:	Date:			