LOUISIANA DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

License Renewal Application

☐ *RENEWAL* ☐ *NAME CHANGE* ☐ *OTHER* (Specify) _____

LICENSE NUMBER _____ *EXPIRATION DATE* _____

TOTAL FEE AMOUNT INCLUDED _____ *CHECK / MONEY ORDER #* _____

☐ **check if any change has occurred since last application** **STATE ID #MT**___ ___ ___ ___ ___ ___ ___

I. ***FACILITY (DBA) NAME*** _____

GEOGRAPHICAL ADDRESS _____

CITY / STATE / ZIP _____ ***EMERGENCY PHONE NUMBER (_____)*** _____

TELEPHONE NUMBER (_____) _____ ***FAX NUMBER (___)*** _____ ***EMAIL ADDRESS*** _____

II. MAILING ADDRESS *(IF DIFFERENT FROM ABOVE)* _____

CITY / STATE / ZIP _____

III. DIRECTOR OF OPERATIONS _____ **MEDICAL DIRECTOR** _____

IV. TYPE OF FACILITY: ☐ ***GROUND EMS*** ☐ ***AIR EMS*** ***(*must complete separate application for each)***

V. DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST INFORMATION:

NON- PROFIT

- ☐ *INDIVIDUAL/SOLE PROPRIETOR*
- ☐ *CORPORATION*
- ☐ *PARTNERSHIP*
- ☐ *RELIGIOUS AFFILIATION*
- ☐ *UNINCORPORATED ASSOCIATION*
- ☐ *VOLUNTEER*
- ☐ *OTHER (Specify):* _____

FOR – PROFIT

- ☐ *INDIVIDUAL/SOLE PROPRIETOR*
- ☐ *CORPORATION*
- ☐ *PARTNERSHIP*
- ☐ *LLC*
- ☐ *OTHER (Specify):* _____

GOVERNMENT

- ☐ *STATE*
- ☐ *PARISH*
- ☐ *CITY/PARISH*
- ☐ *CITY*
- ☐ *HOSPITAL DISTRICT*
- ☐ *COMBINATION GOV-N-PROFIT*
- ☐ *OTHER (Specify)* _____

IF THE DISCLOSING ENTITY IS A CORPORATION, LIST NAMES, ADDRESSES, AND PHONE NUMBERS OF THE DIRECTORS:

DIRECTOR'S NAME	ADDRESS	TELEPHONE #

VI. ***ENTITY / CORPORATION NAME*** _____ ***EIN#*** _____

ENTITY MAILING ADDRESS (IF DIFFERENT) _____

CITY / STATE / ZIP _____

ENTITY TELEPHONE NUMBER (_____) _____ ***ENTITY FAX NUMBER (____)*** _____

BEMS-LR (revised 07/01/2019)

Bureau of EMS
7273 Florida Blvd., • Baton Rouge, Louisiana 70806
Phone #: 225/925-4022 • Fax #: 225/925-7244 • *http://EMS.LDH.LA.GOV*

EMERGENCY MEDICAL SERVICES LICENSE APPLICATION

VII. List name, address, and telephone numbers for persons or group of persons having direct or indirect ownership or a controlling interest (≥ 5%) of the corporate stock or partnership interest or any person or business entity which has a direct business interest, including, but not limited to, a wholly owned subsidiary, the details of any conversion rights which may exist for the benefit of any party and whether such stock, partnership interest, or ownership being held by the disclosed person or business entity is, in fact, owned by another person or business entity ***(ATTACH ADDITIONAL SHEETS IF ADDITIONAL SPACE IS NEEDED).***

OWNER	ADDRESS	TELEPHONE #

VIII. If the disclosing entity is a corporation, list name, address and telephone number of the President.

NAME	*ADDRESS*	*TELEPHONE NUMBER*

IX. Are any owners of the disclosing entity also owners of other licensed health care facilities? ☐ ***Yes*** ☐ ***No***
(Proprietorship, Partnership or Board Member) If yes, list names, addresses of individuals and other provider numbers.

NAME	*ADDRESS*	*PROVIDER NUMBER*

X. Has there been a change of ownership or control within the last year? ☐ ***Yes*** ☐ ***No***

If yes, give date: _____

XI. List the Parishes served: _____

XII. ALL RENEWALS MUST SUBMIT THE FOLLOWING ATTACHMENTS WITH THE LICENSE RENEWAL APPLICATION:

1. *List of all drivers and certified personnel (EMT, RN/LPN), including license or registry number.*
2. *List of all ambulance stations: include complete geographical address.*
3. *List of all vehicles: Ambulances and Sprint Vehicles include VIN, make, year model, type, GVW, license plate number, unit (fender) number, and mileage.*
4. *Certificates of Insurance: Medical Malpractice, Automobile Liability, General Liability. We do <u>not</u> accept Louisiana Automobile Insurance Identification Cards.*
5. *License renewal of $100.00 plus $75.00 per vehicle.*
6. *A copy of the agency's current medical protocols with the document signed by the medical director accompanied by a cover letter from the appropriate parish or component medical society or societies for use in their service area. An electron copy may be submitted.*
7. *A copy of the agency's current equipment and supply checklist.*
8. *A copy of the agency's standard operating procedures. An electronic copy may be submitted.*
9. *For air ambulance services only: FAA Part 135 Certificate, FAA Aircraft Certificate of Registration*, FAA Certificate of Airworthiness*, FAA pilot's license (for each pilot) (*denotes that one is required for each aircraft)*

(The electronic copies may be submitted on a memory stick (jump drive) or e-mail file.)

ATTESTATION:

- ***I understand that if the agency license is granted, it is granted for one year and shall become void upon change of ownership. It is my responsibility to notify the Louisiana Department of Health, Office of Public He alth, Bureau of EMS in writing of any changes in the information provided in this application. I certify that the information herein is true, correct, and supportable by documentation to the best of my knowledge. Documentation of the information above is available upon request by the Louisiana Department of Health.***

_____

AUTHORIZED REPRESENTATIVE NAME (TYPED OR PRINTED)

_____ _____

AUTHORIZED REPRESENTATIVE SIGNATURE ***DATE***