GEORGIA OFFICE OF EMS AND TRAUMA

Emergency Medical Services License Application for Corporations and LLCs

Georgia Department of Public Health

Today's Date

SECTION 1: LICENSE CLASSIFICATION

(Select One) ☐ New ☐ Revision

Type of License: **(Select all that apply)** ☐ Medical First Responder ☐ Ground Ambulance ☐ Neonatal ☐ Air Ambulance

SECTION 2: OWNERSHIP

(Select One) ☐ LLC ☐ Corporation

SECTION 3: LEGAL ENTITY INFORMATION

Name of Legal Entity | Employer Identification Number | National Provider Identification Number

Physical Address Line 1 | Physical Address Line 2

City | State | Zip Code | Phone Number

☐ Check here if Mailing Address is same as Physical Address

Mailing Address Line 1 | Mailing Address Line 2

City | State | Zip Code | Phone Number

SECTION 4: NAME OF SERVICE

(List all service/trade names that will be used under this license.)

Service Name 1

Service Name 2

Service Name 3

SECTION 5A: CORPORATE OFFICER INFORMATION

(Required for Corporations **ONLY**)

Name of CEO | Phone Number | Email Address

Mailing Address | City | State | Zip Code

Name of CFO | Phone Number | Email Address

Mailing Address | City | State | Zip Code

SECTION 5A: CORPORATE OFFICER INFORMATION (Continued)

(Required for Corporations **ONLY**)

Name of Secretary | Phone Number | Email Address

Mailing Address | City | State | Zip Code

SECTION 5B: LLC MANAGING PARTNER INFORMATION

(Required for LLCs **ONLY**)

List the Managing Partner(s) of the LLC

Name of Managing Partner 1 | Title | Phone Number | Email Address

Mailing Address | City | State

Name of Managing Partner 2 ☐ N/A | Title | Phone Number | Email Address

Mailing Address | City | State

Name of Managing Partner 3 ☐ N/A | Title | Phone Number | Email Address

Mailing Address | City | State

Name of Managing Partner 4 ☐ N/A | Title | Phone Number | Email Address

Mailing Address | City | State

SECTION 6: REGISTERED AGENT INFORMATION

Name of Registered Agent | Mailing Address

City | State | Zip Code

SIGNATURE

Officer or Managing Partner Printed Name | Date

Signature

SUPPORTING DOCUMENTS THAT MUST BE SUBMITTED WITH THE LICENSE APPLICATION

MANDATORY FOR CORPORATIONS AND LLCs

- ☐ Attach a copy of Articles of Corporation, or
- ☐ Attach a copy of Articles of Organization

MANDATORY FOR ALL SERVICES

- ☐ Verification of U.S. Residency Form (Attachment 1) and a copy of the "secure and verifiable document" shown to the notary public e.g. driver's license or passport
- ☐ Authorized Agent Information (Attachment 2)
- ☐ Key Personnel Information (Attachment 3)
- ☐ Location Information (Attachment 4)
- ☐ Medical Director Information (Attachment 5)
  - ☐ Clinical Protocols (Attach a copy)
  - ☐ Infectious Disease Exposure Control Plan (Attach a copy)
- ☐ Pharmacy Agreement (Attachment 6)
  - ☐ Pharmacy Policies and Procedure as required by O.C.G.A § 26-4-116 (Attach a copy)
  - ☐ Formulary as approved by Medical Director (Attach a copy)
- ☐ Licensed EMS Personnel Information (Attachment 7)
- ☐ Insurance Information - Acord Form 25 - Certificate of Liability Insurance and if needed Acord Form 101 - Additional Remarks Schedule (Attach a copy)
- ☐ Vehicle Schedule (Attachment 8)
- ☐ Invoice for Annual Ambulance Service License Fee (Attachment 9)

Georgia Department of Public Health

GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

Verification of Lawful U.S. Residency for License Application

O.C.G.A. Section § 50-36-1(e)(2)

As part of my application for licensure from the Georgia Department of Public Health, I hereby swear, under oath, that I am:

[*Check one of the following*]

(1) ☐ A citizen of the United States;

(2) ☐ A legal permanent resident of the United States;

(3) ☐ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United State Department of Homeland Security or other federal immigration agency is Alien Number _____

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section § 50-36-1(e)(1). The secure and verifiable document is my _____

_____

The original "secure and verifiable document" was shown to the notary public, and a true copy of the document is attached to my application with this affidavit.

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section § 16-10-20 and face criminal penalties authorized by the statute.

_____
Signature of Applicant

_____
Printed Name of Applicant

Subscribed and sworn before me this _____

day of _____, _____.

_____
Notary Public

My Commission Expires _____

GEORGIA OFFICE OF EMS AND TRAUMA

Authorized Agent Information - Attachment 2

Employer Identification Number

AUTHORIZED AGENT INFORMATION

Name of Authorized Agent 1	Title	Phone Number	Email Address

Mailing Address	City	State	Zip Code

Name of Authorized Agent 2 ☐ N/A	Title	Phone Number	Email Address

Mailing Address	City	State	Zip Code

CERTIFICATION STATEMENT

The purpose of the Authorized Agent is to make any and all necessary modifications to the license during the License Cycle. This includes but is not limited to: adding/deleting vehicles, adding/deleting locations, updating insurance information, and updating medical director information.

SIGNATURES

Printed Name of Officer or Managing Partner	Date

Signature

Employer Identification Number

KEY PERSONNEL INFORMATION

Operations Manager / Service Director

Name of Operations Manager / Service Director	Cell Phone Number	Office Phone Number

Email Address

☐ Check here if the person listed above, holds all the positions listed below.

Data Manager

Name of Data Manager	Cell Phone Number	Office Phone Number

Email Address

Training Officer

Name of Training Officer	Cell Phone Number	Office Phone Number

Email Address

Infection Disease Officer

Name of Infection Disease Officer	Cell Phone Number	Office Phone Number

Email Address

Communications Officer

Name of Communications Officer	Cell Phone Number	Office Phone Number

Email Address

GEORGIA OFFICE OF EMS AND TRAUMA

Location Information - Attachment 4

Employer Identification Number

BASE LOCATION INFORMATION

Location Name		Location Address	
City	State	Zip Code	County
Phone Number	GPS Latitude	GPS Longtitude	Location ID

SATELLITE LOCATION INFORMATION

Name of Location 1		Location Address	
City	State	Zip Code	County
Phone Number	GPS Latitude	GPS Longtitude	Location ID

Name of Location 2		Location Address	
City	State	Zip Code	County
Phone Number	GPS Latitude	GPS Longtitude	Location ID

Name of Location 3		Location Address	
City	State	Zip Code	County
Phone Number	GPS Latitude	GPS Longtitude	Location ID

Name of Location 4		Location Address	
City	State	Zip Code	County
Phone Number	GPS Latitude	GPS Longtitude	Location ID

ADDITIONAL SATELLITE LOCATIONS MUST BE RECORDED ON SUPPLEMENTAL FORM C

Employer Identification Number

MEDICAL DIRECTOR AGREEMENT

Name of Medical Director	National Provider Identification Number	Phone Number	Email Address

Mailing Address	City	State	Zip Code

Georgia Medical Board License Number	Area of Specialty

AGREEMENT

I am a physician licensed to practice medicine in Georgia and have agreed to serve as the Medical Director for the above-identified EMS Provider. This contract is valid for a maximum of twenty five (25) months from the date of signing and must be renewed in conjunction with the license renewal.

As Medical Director, I will provide medical direction and training in conformance with O.C.G.A. 31-11, Department Rules and Regulations, and Policies established by the Office of Emergency Medical Services and Trauma. I have read and do hereby affirm that I understand and will abide by all requirements contained therein.

If I should decide to relinquish my role as Medical Director, I will notify the Department of Public Health (DPH), Office of Emergency Medical Services and Trauma (address below), and the EMS Provider in writing not less than ten (10) calendar days prior to the termination of the agreement.

Office of EMS and Trauma
Georgia Department of Public Health
1680 Phoenix Boulevard, Suite 200
Atlanta, GA 30349

SIGNATURES

Printed Name of Authorized Agent	Date

Signature

Printed Name of EMS Medical Director	Date

Signature

Employer Identification Number

PHARMACY INFORMATION

Name of Pharmacy | Georgia License Number | Phone Number

Mailing Address | City | State | Zip Code

PHARMACIST IN CHARGE

Name of Pharmacist in Charge | Georgia License Number | Phone Number

☐ Same Address As Pharmacy

Email Address

Mailing Address | City | State | Zip Code

AGREEMENT

This is an agreement between the above listed agencies relative to the control, procurement, handling, and accountability of drugs and intravenous fluids (IVs). Attached to this document are copies of all appropriate agreements and contracts between the above-mentioned EMS Provider and Georgia Licensed Pharmacy or Wholesaler and a list of pharmaceutical agents approved for use, and related policies established and signed by the Medical Director of the licensed emergency medical service provider ("EMS Medical Director"). This agreement will be valid for a maximum of twenty five (25) months from the date of signing and must be renewed in conjunction with the license renewal, prior to the expiration of the twenty five (25) months.

The pharmacy entering into this Agreement agrees to supply drugs and/or IVs to the EMS Provider in accordance with O.C.G.A. § 26-4-116. A wholesaler entering into this Agreement agrees to distribute drugs and/or IVs to the above-referenced EMS Provider in accordance with O.C.G.A. § 16-13-72 and GA. Comp. r. & Regs. r. 480-7-.03(5) of the Rules of the State Board of Pharmacy. A pharmacy/wholesaler is also required to abide by the policies of the State Office of Emergency Medical Services and Trauma (OEMS) and the EMS Medical Director's instructions. The drugs and IVs approved for use will be treated as standard ward inventory, as defined by the Rules of the State Board of Pharmacy (Chapter 480-13). In the event that there are any local policies developed related to the procurement, control, storage, handling, accountability, and/or administration of pharmaceuticals, which conflict with the GA. Comp. r. & Regs. r. 511.9-2 of the Rules of the Department of Public Health (DPH) and the policies established policies are more stringent. Copies of this agreement shall be maintained by the pharmacy or Wholesaler, EMS Medical Director and EMS Provider. The original will be given to the DPH and OEMS.

If for any reason this contact is cancelled or otherwise changed at any time, the Pharmacy and licensed EMS provider shall notify OEMS in writing no later than ten (10) days prior to such change or cancellation.

SIGNATURES

Printed Name of Pharmacist in Charge | Date

Signature

Printed Name of Authorized Agent | Date

Signature

Printed Name of EMS Medical Director | Date

Signature

Georgia Department of Public Health

GEORGIA OFFICE OF EMS AND TRAUMA

Licensed EMS Personnel Information - Attachment 7

Employer Identification Number

Full Name (As it appears on Georgia License)	Level of Licensure	Georgia License Number	Georgia License Expiration Date	Employment Status	CPR Expiration Date	ACLS Expiration Date

ADDITIONAL LICENSED EMS PERSONNEL MUST BE RECORDED ON SUPPLEMENTAL FORM A

Georgia Department of Public Health

GEORGIA OFFICE OF EMS AND TRAUMA

Vehicle Schedule - Attachment 8

Employer Identification Number

Vehicle License Type	Make	Model	Year	17-digit Vehicle Identification Number	Service Call Number	Vehicle Tag Number	Vehicle Mileage	Vehicle Status

ADDITIONAL VEHICLES MUST BE RECORDED ON SUPPLEMENTAL FORM B

Invoice for Annual Ambulance Service License Fee - Attachment 9

Invoice Date:

Submit a copy of this invoice along with a check for the payment of the **Annual Ambulance Service License Fee**.

Quantity	Description	Fee Amount
	Base Fee	$2,500.00
	Fee for each licensed ambulance ($1,400/each)	$1,400.00
	Total	

All checks must be made payable to: **Georgia Department of Public Health**. If you have any questions, please call the Georgia State Office of EMS and Trauma at 770-996-3133.