



Notification of Non-Compliance

Name of Service or Individual:		
Street Address:		
City:	State:	Zip Code:
License Number and Type:	Unit VID Number:	
Date of Violation:	Location of Violation:	
Discussed With:	State Official:	

Section Noted

- 511-9-2-.07 **Licensure of Ambulance Services**
- 511-9-2-.08 **Licensure of Neonatal Transport Services**
- 511-9-2-.09 **Licensure of Medical First Responder Services**
- 511-9-2-.10 **Procurement, Control, Handling and Accountability of Pharmaceuticals**
- 511-9-2-.11 **Inspections of Ambulance Services, Neonatal Transport Services and Medical First Responder Services**
- 511-9-2-.12 **Licensure of Emergency Medical Services Personnel**
- 511-9-2-.13 **Licensure Renewal for Emergency Medical Services Personnel**
- 511-9-2-.15 **General Provision for Emergency Medical Technicians**
- 511-9-2-.16 **Standards for Emergency Medical Service Courses**
- 511-9-2-.17 **Standards for Emergency Medical Service Instructors**
- 511-9-2-.18 **Standards of Conduct for Licensees**

* Section / Paragraph and details of alleged rule violation must be noted in the COMMENTS section.

Comments:

Actions / Recommendations by the Department:

Signatures

Inspector Name:	Service Representative Name:
Inspector Signature & Date:	Service Representative Signature & Date:

Comments (*continued*) :

Actions / Recommendations by the Department (*continued*) :