

District of Columbia Department of Health
Health Emergency Preparedness and Response Administration
Division of Emergency Medical Services

Self Assessment and Application for an Emergency Medical Service Agency

March 2014



Self-Assessment and Application for an Emergency Medical Service Agency

Release Notes

March 2014 – Initial Release

Laws, Regulation and Policies

The following table identifies the laws, regulations and policies that influence this form.

Law	Regulation	Policy	Title	Effective Date
7-2341			EMS Act of 2008	01 June 2009
	29-502		Certification as an Emergency Medical Service Agency	06 Dec 2013
	29-504		Emergency Medical Service Agencies: Medical Directors	06 Dec 2013
	29-506		Emergency Medical Service Agencies: Storage of Linens, Equipment and Supplies	06 Dec 2013
	29-507		Emergency Medical Service Agencies: Records	06 Dec 2013
	29-509		Emergency Medical Service Agencies: Patient Care Reports	06 Dec 2013
	29-556		Clinical Quality Assurance and Improvement	06 Dec 2013
	29-557		Clinical Quality Assurance and Improvement Reports	06 Dec 2013
	29-558		EMS Agency Data Collection Standards	06 Dec 2013
	29-560		Mass Casualty Incidents	06 Dec 2013
		2014-0024	Procedure for Certification as an Emergency Medical Service Agency	31 Mar 2014

Instructions

District of Columbia Municipal Regulations (DCMR) Title 29, Chapter 5 sets the standards for the operation of Emergency Medical Service (EMS) agencies in the District of Columbia. This application is designed to meet the requirements as set forth in Title 29, Chapter 5 for EMS agencies.

This application is for those agencies that desire to engage in pre-hospital patient care activities in the District of Columbia, including those agencies who desire to provide medical support during special events. In accordance with the EMS Act of 2008, Section 4, it is illegal for any person to operate an EMS agency without first receiving a certification from the Department of Health. Further, DCMR Title 29, Section 561 requires that any agency that provides EMS services at a medical aid station for a special event must be certified by the District. This self-assessment allows agencies to self determine if they qualify for certification and then apply for that certification.

When completing the self-assessment, please check the appropriate ‘Yes’ or ‘No’ block to indicate if the requirement has been met. If you answer ‘No’ to any item in the **Mandatory Requirements** section you must provide an explanation and any corrective action that is being taken. When completing this application, ascertain that all required documents are attached. The listing of required documents can be found beginning on page 16 of the application.

It is required that signatures from the leadership of the EMS agency be attached to verify that the agency has submitted all of the documents as required through the applicable policies and regulations. The completed application, along with the required documentation, must be submitted to the District of Columbia Emergency Medical Services Officer. The application and the assorted documents should be submitted in a three-ring binder as well as on CD in electronic format (Microsoft® Word® doc or docx format, or Adobe® Acrobat® pdf format).

We are unable to process the application if any items or signatures are missing.

Renewal of Certification

You do not have to complete the self-assessment as part of your renewal process unless specifically directed by the District EMS Officer. This application is intended primarily for those agencies seeking initial certification in the District of Columbia.

Institutions that submit their annual reports and keep the District EMS Officer updated on the changes at the EMS agency will qualify for renewal through submission of the EMS agency Certification Renewal Short Form (DC-DOH EMS Form 2014-0024B).

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Agency Information

Owner _____

Name _____

Address _____

City _____ State _____ Zip _____

Name Doing Business Under _____

Level of Certification Applied For (*check all that apply*)

- ALS BLS
 First Responder Ground Transport Air Medical Special Events

Location of Operation(s)

Primary Address _____

City _____ State _____ Zip _____

Sub Station Address _____

City _____ State _____ Zip _____

Sub Station Address _____

City _____ State _____ Zip _____

If additional locations are needed, add listing on a separate sheet.

Describe the Geographical Boundaries of Your Service Area (*if applicable*)

Medical Director

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt Phone _____

E-mail address _____

DC License Number _____

Operational Director

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt Phone _____ Fax _____

E-mail address _____

DC Certification/License Number _____

Quality Improvement Officer

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt Phone _____ Fax _____

E-mail address _____

DC Certification/License Number _____

I. Emergency Medical Service Agencies

Mandatory Requirements – DCMR Title 29, Section 502

Mandatory Requirements		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agency has received a Certification of Need (<i>Ambulance Services Only</i>).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Patient Care Reporting system is compliant with NHTSA or NEMSIS.
The agency has the following positions:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Director.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Operations Director.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Quality Improvement Officer. (<i>See §556.1</i>)
The agency has the following minimum commercial general liability insurance:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Per occurrence: one million dollars (\$1,000,000).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aggregate: two million dollars (\$2,000,000).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Products and completed operations: two million dollars (\$2,000,000).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Personal/advertising injury: one million dollars (\$1,000,000).
The agency has the following minimum commercial worker's compensation, employers' liability insurance:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Each accident: five hundred thousand dollars (\$500,000).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employee disease: five hundred thousand dollars (\$500,000).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disease policy limit: five hundred thousand dollars (\$500,000).
The agency has the following minimum professional liability insurance:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Per occurrence: one million dollars (\$1,000,000).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aggregate: three million dollars (\$3,000,000).
The agency has the following minimum insurance:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle liability: one million dollars (\$1,000,000) per occurrence.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Umbrella or excess liability: two million dollars (\$2,000,000).
The program maintains:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A copy of the applicant's Drug Enforcement Agency (DEA) license (<i>where applicable</i>).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A copy of the organization's authorized drug list (<i>where applicable</i>) and protocols, signed and dated by the Medical Director.
The agency has a written agreement with the organization's Medical Director that specifies:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The duties of the Medical Director.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The responsibilities of the Medical Director.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The authority of the Medical Director.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The specific responsibilities of each EMS physician if the agency has multiple assistant Medical Directors.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	That adequate indemnification exists for medical malpractice & civil liability.

I. Emergency Medical Service Agencies – continued
Mandatory Requirements – DCMR Title 29, Section 502

Mandatory Requirements		
The agency has a written agreement with operational director that specifies:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The duties of the Operational Director.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The responsibilities of the Operational Director.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The authority of the Operational Director.
The agency has a written agreement with the quality improvement officer that specifies:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The duties of the Quality Improvement Officer.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The responsibilities of the Quality Improvement Officer.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The authority of the Quality Improvement Officer.
The agency has a written emergency response plan that includes the following:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	How the agency will receive calls for assistance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	How the agency will respond to calls for assistance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	How the non-transport agency will summon transport service (<i>if applicable</i>).

II. Medical Director

Mandatory Requirements – DCMR Title 29, Section 504

Mandatory Requirements		
The Medical Director is responsible for maintaining the quality of the patient care provided by the EMS agency and of ensuring that the agency engages in adequate quality assurance activities, including:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initial and continuing education training.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The establishment and maintenance of policies and procedures covering the operations, training and quality oversight of the organization.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A requirement that the Medical Director or his/her designee review patient care reports in accordance with their quality assurance and improvement plan as outlined in DCMR Title 29, Section 556.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A requirement that the Medical Director or his/her designee review field communications recordings in accordance with their quality assurance and improvement plan as outlined in DCMR Title 29, Section 556.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A requirement that the Medical Director or his/her designee perform post-run interviews and case conferences in accordance with their quality assurance and improvement plan as outlined in DCMR Title 29, Section 556.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Investigations of all complaints.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The establishment and enforcement of pre-hospital medical care and treatment protocols to be used by EMS providers working under their supervision as members of the organization.
The Medical Director has disciplinary authority sufficient to oversee the quality of patient care for all EMS providers within the organization.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The Medical Director may withdraw, at his or her discretion, the authorization for personnel to perform any or all patient care procedures.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The Medical Director shall notify the District EMS Officer of any provider whose authorization to render care has been withdrawn within seventy-two (72) hours of the personnel action.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The Medical Director shall also notify any other known EMS agency that sponsors the provider within seventy-two (72) hours of the action.
The organization's Medical Director:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Serves as the medical authority for the agency and shall serve as the liaison of the agency with the medical community, medical facilities, and governmental entities.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is responsible for establishing and maintaining the organization's protocols and authorized drug list. The protocols and authorized drug list shall be signed and dated by the Medical Director.

III. Storage of Linens, Equipment and Supplies

Mandatory Requirements – DCMR Title 29, Section 506

Mandatory Requirements		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The EMS agency supplies adequate, clean, and enclosed storage space for linens, equipment, and supplies at each place of operation.
The storage is maintained as follows:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The area used for storing equipment or supplies is kept neat, clean, and sanitary.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The area used for storing linens is kept neat, clean, and sanitary.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Soiled supplies and used disposable items are stored or disposed of in plastic bags, covered containers, or compartments provided for this purpose.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Regulated waste is stored in a red or orange bag or container, clearly marked with a biohazard label.
Medications		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The area used for storing medications and administration devices complies with the applicable drug or device manufacturer's recommendations for climate-controlled storage.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Narcotics and other controlled substances are stored and maintained in accordance with current District and Federal laws and regulations.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medications and medication kits are maintained within their expiration date at all times.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medications and medication kits are removed from vehicles and stored in a properly maintained and locked secure area when the vehicle is not in use, unless the ambient temperature of the vehicle's medication storage compartment is maintained with the climate requirements as specified by DOH EMS Policy 2010-0010.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	In addition to other applicable regulatory reporting requirements, the agency will notify the Director of DOH in writing of any diversion, loss, theft, or tampering with any controlled substance, medication delivery system, or other regulated medical device from the organization's facility or vehicle. The notification shall be made within seventy-two (72) hours from the discovery of the occurrence.

IV. Records

Mandatory Requirements – DCMR Title 29, Section 507

Mandatory Requirements		
The agency maintains records that include:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved patient care report forms (<i>or ePCR</i>).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employee or member rosters.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time sheets.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Call rosters.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Training records.
The agency maintains dispatch logs that include:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The type of call.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The time the call was received.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The time the call was dispatched.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The time that personnel responded.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The time that personnel arrived on the scene.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The time that transport service was requested (<i>for non-transport service agencies</i>).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The time that transport of the patient to the hospital began (<i>if applicable</i>).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The time the patient arrived at the hospital (<i>if applicable</i>).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The time that personnel returned to service.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disposition of the call.
Record Storage		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The agency prepares and securely maintains records at its principal place of operations or a secured storage facility for not less than six (6) years.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Records are stored in a manner that ensures reasonable safety from water and fire damage and from unauthorized disclosure.
The agency maintains a current personnel record for each individual provider affiliated with the organization. The personnel record includes:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A copy of the provider's current NREMT certification.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A copy of the provider's current DOH certification.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A copy of the provider's current CPR card.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A copy of the provider's current ACLS card (<i>if applicable</i>).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A copy of training and qualifications for the positions held.
The agency provides:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A roster showing each provider's name, address, e-mail address, NREMT certification number, and DOH certification number to the Director of DOH annually.

IV. Records – continued

Optional Requirements – DCMR Title 29, Section 507

Optional Requirements		
If the agency operates an emergency response vehicle:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The agency maintains each vehicle currently in use in accordance with the manufacturer's recommendations for preventative maintenance.
If the agency operates an emergency response vehicle, the agency maintains records on each vehicle currently in use. The vehicle records include:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Maintenance records demonstrating adherence to the manufacturer's recommendations for preventative maintenance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A valid vehicle registration.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A vehicle inspection certificate.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Proof of vehicle insurance coverage.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reports of any collisions involving the vehicle.

V. Patient Care Reports

Mandatory Requirements – DCMR Title 29, Section 509

Mandatory Requirements		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The agency completes a Patient Care Report (PCR) for each patient seen by an EMS provider of the organization.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Each PCR includes the name and the DOH certification number of all EMS providers who attended to the patient and includes the signature of the EMS provider in charge of the patient's care.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The PCR is completed according to the current NHTSA or NEMSIS standard.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The agency maintains each PCR in compliance with HIPAA and other applicable District or federal laws or regulations.

VI. Quality Assurance and Improvement

Mandatory Requirements – DCMR Title 29, Section 556

Requirement	
The agency has a written quality improvement plan, which is approved by the organization's medical director. The quality improvement plan:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Requires the review of data concerning patient care rendered by EMS providers affiliated with the organization's operational program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Requires the identification and analysis of trends in EMS care rendered by EMS providers affiliated with the organization's operational program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Requires the provision of remedial action to resolve any patient care issues involving EMS providers or the EMS system which should be addressed at the jurisdictional level.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identifies violations of the District of Columbia Emergency Medical Services Protocols or organizational EMS protocols as approved by the Medical Director.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Requires a review of oral or written allegations that an EMS provider failed to act in accordance with applicable law or protocols; or pre-hospital patient care was below the applicable standard of care.

VII. Quality Assurance and Improvement Reports

Mandatory Requirements – DCMR Title 29, Section 557

Requirement	
The agency reports the following incidents to the District EMS Officer within seventy-two (72) hours after discovery:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unexpected loss of physical and/or mental function of the patient.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Incorrect medication is administered to the patient, regardless of the outcome.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Incorrect dose of medication is administered to the patient, regardless of the outcome.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Termination of resuscitation in the field.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric cardiac arrest.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any patient in which a District EMS Comfort Care Order/Do Not Resuscitate is invoked.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any patient with a Glasgow Coma Score of fourteen (14) or less at the time the patient is denied/refuses transport.
<input type="checkbox"/> Yes <input type="checkbox"/> No	An ambulance involved in motor vehicle collision while in service.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Positive results on an EMS provider drug test.
<input type="checkbox"/> Yes <input type="checkbox"/> No	An incident that the Director has determined to threaten public safety.

VIII. Data Collection Standards

Mandatory Requirements – DCMR Title 29, Section 558

Requirement	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The organization's incident and patient care data collected by means of computer systems within the District of Columbia conforms to the National EMS Information System requirements (NEMSIS) as established by the National Highway Traffic Safety Administration.

IX. Mass Casualty Incidents

Mandatory Requirements – DCMR Title 29, Section 560

Requirement	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The agency has developed a plan to mitigate a MCI.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The MCI plan complies with the National Incident Management System requirements and the District MCI plan.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The agency uses the triage tag approved by the Director.

Required Documents

The following documents are attached to this application:		Section	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certificate of Need from the Office of Health Services Planning and Programming (<i>Ambulance Services Only</i>)	I
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Description of the Patient Care reporting System (<i>sample</i>)	I
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insurance information	I
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pre-hospital protocols	I & II
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Organizational agreement with the Medical Director	I
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Organizational agreement with the Operations Director	I
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Organizational agreement with the Quality Improvement Officer	I
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Quality Improvement Plan	I & VI
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emergency Response Plan	I
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy on operations	II
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy on training	II
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy on quality oversight	II
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy on PCR review	II
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy on post-run interviews and case conferences	II
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy on complaint investigations	II
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy on Medical Director oversight of EMS providers	II
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medication listing	II
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy on reporting of loss or tampering of any controlled substance, or other regulated medical device	III
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sample patient care forms	IV
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Member roster	IV
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sample time sheets	IV
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Call roster	IV
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sample training records	IV
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sample dispatch log	IV
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sample EMS provider record	IV
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sample vehicle maintenance record	IV
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy on PCR usage	V
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy on PCR maintenance	V
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Quality assurance and improvement plan	VI
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy on quality improvement reporting	VII
<input type="checkbox"/> Yes	<input type="checkbox"/> No	MCI plan	IX

Optional Documents

The following documents are attached to this application:		Section
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Certification Applications <i>(one for each vehicle, if applicable)</i>	I
<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Enforcement Agency license <i>(if applicable)</i>	I
<input type="checkbox"/> Yes <input type="checkbox"/> No	EMS Provider Applications as needed for agency personnel	

Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of the certification.

Signature of the Owner

Date

Signature of the Medical Director

Date

Signature of the Operational Director

Date