



Oklahoma State Department of Health
 Protective Health Services
 Emergency Systems/EMS Division



Telephone: 405-426-8480
 Fax: 405-900-7560

2022 EMRA Renewal/Survey Form

[310:641-15-6]

EMRA Name: _____ License No. _____

Select one:

<input type="checkbox"/> Your EMRA's expiration date is June 30, 2022 In addition to this completed renewal form you must provide the following: <ol style="list-style-type: none"> Renewal Fee: \$20 Insurance Proofs: Current proof of Vehicle Liability insurance, General(Professional) Liability insurance and Worker's Comp. Separate insurance will need to be provided for any multi-agency substations. Mail all required forms and fees to: Financial Management Emergency Systems Oklahoma State Department of Health PO Box 268823 Oklahoma City, OK 73126-8823	<input type="checkbox"/> Your EMRA's expiration date is June 30, 2023. In addition to this completed Survey form you must provide the following: <ol style="list-style-type: none"> Insurance Proofs: Current proof of Vehicle Liability insurance, General(Professional) Liability insurance and Worker's Comp. Separate insurance will need to be provided for any multi-agency substations. Completed forms can be emailed to esystems@health.ok.gov or Faxed to: 405-900-7560 or mailed to: Emergency Systems Oklahoma State Department of Health 123 Robert S. Kerr Ave, Suite 1702 Oklahoma City, OK 73102-6406
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Demographics:

Mailing Address: _____
 City _____ ST. _____ Zip _____

Physical Address: _____
 City _____ ST. _____ Zip _____

Record Retention Address: _____
 City _____ ST. _____ Zip _____

Agency Phone: _____ Emergency Phone: _____

Office Hours: _____
 The agency business hours are the hours someone is available to:

- Receive business calls other than emergency requests for service;
- Meet members of the public; and/or
- Meet a representative from the Department for inspections.

Personnel:

Contact Person: _____ Email _____ Phone _____

Director: _____ Email _____ Phone _____

Training Officer: _____ Email _____ Phone _____

Medical Director: _____ Email _____ Phone _____

Multi-Agency Substations: The Stations on this list are considered Satellite stations for a multi-agency EMRA. Stations on this list will be departments or agencies who operate under your EMRA, but who are owned by other entities. These substations will be required to show their own proofs of insurance as asked for above. Substations owned by the same entity that owns your agency should be submitted on a separate print- out:

Number of Substations: _____ Complete the information below or provide the information separately.				
Substation Name	Address	City	ST	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OSDH-Emergency Systems may request additional information not included on this form.

I hereby certify that all information on this form is complete, true and correct to the best of my knowledge.

_____	_____
Signature	Date
_____	_____
Print Name	Title