

Oklahoma State Department of Health

Protective Health Services
Financial Management
OSDH/EMS Division
PO Box 268823 Oklahoma City, OK 73126-8823
123 Robert S. Kerr Ave, suite 1702
Oklahoma City, OK 73102-6406



**INSTRUCTIONS
FOR THE
COMPLETION
OF
OKLAHOMA'S
STRETCHER VAN SERVICE
INITIAL APPLICATION FORMS**

Oklahoma State Department of Health

Protective Health Services
Financial Management
Emergency Systems/EMS Division
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APPLICATION: Please type or print all information, except where a signature is required.

License Fees:

| Type of Fee | Reg | Fee for Initial License | Initial Vehicles | Substation |
|--------------------|-----------------------------|---------------------------|--|--------------------------------|
| Fee for license | O.A.C. 310:641-17-2 (g) (9) | \$600.00 (non-refundable) | \$20.00 for each unit after two units for transport (non-refundable) | \$150.00 each (Non-refundable) |
| Renewal of license | 310:641-17-4 (a) (2) | \$100.00 | \$20.00 for each after two units | \$50.00 |
| Amendment | 310:641-17-7 (b) | \$100.00 | | \$100.00 |

Section 1 – Type of Application

- Enter the date of the application.
- Enter the application purpose.
- Enter the agency license number if submitting an application amendment.

Section 2 – Business Information

- Enter the name of your agency.
- Enter the mailing address of your agency including city, state and zip code.
- Enter the physical address of your agency including city, state and zip code.
- Enter the records retention address (address of where the agency records will be kept) including city, state and zip code.
- Enter the business telephone number and an emergency telephone number.
- Enter the name of the person who will be a point of contact for the Department.
- Enter an email that the point of contact will be able to access to receive correspondence for the Department.
- Enter the days and times of the agencies operations. Please include the days and times that records will be available for an unannounced inspection review.
- Additional contacts can be provided by the applicant.

Section 3 – Level of Care (310:641-17-3 (f))

“The stretcher van service is limited to the transportation of stable patients that can only be transported in a reclining position. As such, the medical interventions the staff members can provide are that of first aid, BLS CPR, and AED interventions. Agency supplied medications are prohibited for this license type.”

Section 4 – Type of Owner

Enter the type of ownership for the agency. Essentially, what type of organization will own the license?

- Will a District (522 or a Title 19) District own the license?

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- Will a Fire Protection District (Title 18 or Title 19 District) own the license?
- Will a different type of board or trust own the license?

Section 5 – Type of Operation

Enter the type of operation for the agency. For Section 5 and 6 – These are examples of type of owner and type of operation combinations:

- A city (or county) owns the license, and the service is based in the city fire department, then governmental city (or county) and fire-based would be marked.
- A city (or county) owns the license, and the service is based in the police department (or county sheriff's office), then governmental city (or county) and law enforcement would be marked.
- A city (or county) owns a hospital, and the service is based in the hospital, then governmental city (or county) and hospital would be marked.
- A city or county owns a hospital, and then appoints a board for the hospital. The city still owns the hospital.
- If a board owns the hospital, then it will be a board or trust that is marked with hospital.
- If the license will be owned by an Ambulance Service District (522 District or Title 19) or a Fire District (Title 18 or Title 19), then mark either Fire Based or other type of operation.
- Third service means the agency is Government owned, but not operated as part of the fire or law enforcement departments.

Section 6 – Communication Policy (310:641-17-2 (g) (6) (A – (C))

A written communication policy addressing:

- the receiving and dispatching of calls;
- ensuring compliance with State and local EMS Communication Plans; and
- documentation that a screening process is in place to ensure a request for the transport of a stretcher aid van patient will meet the agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient care report or call log.

Section 7 – Additional Documentation

- These additional documents that are to be submitted with the application.
- Applications without these documents are incomplete.
- An applicant is not required to have contracts for services or equipment. If the applicant has those contracts, they are to be included in the application.

Section 8 – Type of Owner (310:641-17-2 (g) (1) (A) - (B))

A statement of ownership which shall include the name, address, telephone number, occupation and/or other business activities of all owners or agents who shall be responsible for the service.

- If the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal), and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included.

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- If the owner is an entity of government, governmental trust, trust authority, or non-profit corporation, the name of each board member, or the chief administrative officer and/or chief operation officer shall be included.

Section 9 – Indirect Ownership (310:641-17-2 (g) (1) (A) - (B))

List the names and addresses of individuals, organizations or other entities having a direct or indirect ownership interest(s), separately or in combination, amounting to an ownership interest of 5% or more in the DISCLOSING ENTITY.

Section 10 – Mortgage (310:641-17-2 (g) (1) (A) - (B))

List the names and addresses of individual, organizations or other entities having an interest in the form of the mortgage, or other obligation, secured by disclosing entity (equal to at least 5% of the assets).

Section 11 – Corporation Officers / Directors (310:641-12-2 (g) (5) (A) - (B))

If the disclosing entity is a CORPORATION, list the names, titles and addresses of the officers and directors.

Section 12 – Felony Statement (310:641-17-5 (A) (1))

Has any owner, principal, officer, or director been convicted of a felony? If yes, please indicate details on a separate piece of paper. The applicant may also submit court documents detailing the felony conviction.

Section 13 - 522 EMS District Board (310:641-17-2 (g) (5) (A) - (B))

If the disclosing entity is a '522' District Board, or received money from a '522' District Board, list the names, titles and addresses of the officers and directors.

Section 14 – Other Ownership or Controlling Interests (310:641-17-2 (g) (5) (A) - (B))

If the disclosing entity is an Ambulance District Board established by Title 19, received money from an Ambulance District Board ("522 or "Title 19"), a city, a county , a council, or any entity list the names, titles, and addresses of the officer, directors, commissioners, council, etc. Give meeting dates, times and other pertinent information.

Section 15 – Compliance with existing sole-source ordinances and population requirements. (See below)

§63-1-2503. Definitions.

As used in the Oklahoma Emergency Response Systems Development Act:

25. "Stretcher van" means any ground vehicle which is or should be approved by the State Commissioner of Health, which is designed and equipped to transport individuals on a stretcher or gurney type apparatus. Vehicles used as stretcher vans shall meet such standards as may be required by the Board for approval and shall display evidence of such approval at all times. Stretcher van services shall only be permitted and approved by the Commissioner in emergency

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medical service regions, ambulance service districts, or counties with populations in excess of five hundred thousand (500,000) people. Notwithstanding the provisions of this paragraph, stretcher van transports may be made to and from any federal or state veterans facility;

26. "Stretcher van passenger" means any person who is or will be transported in a reclining position on a stretcher or gurney, who is medically stable, nonemergent and does not require any medical monitoring equipment or assistance during transport. Passengers must be authorized as qualified to be transported by stretcher van. Passengers shall be authorized through screening provided by a certified medical dispatching protocol approved by the Department. All patients being transported to or from any medically licensed facility shall be screened before transport. Any patient transported without screening shall be a violation of Board rule by the transporting company and subject to administrative procedures of the Department; and

310:641-17-2. Stretcher aid van service license required

(h) Stretcher aid van license applicants will provide documentation that reflects compliance with existing sole-source ordinances.

310:641-17-15. Emergency medical services regions

(a) Regions established pursuant to 63 O.S. Section 1-2503 (21) and (22) shall not be recognized without Department approval for this purpose. Pursuant to Title 74 O.S. Section 1006, of the "Interlocal Cooperation Act" (relating to Approval of Agreements), the Department shall exercise authority granted to approve or disapprove all matters within its jurisdiction, in addition to and in substitution for the requirement of submission to and approval by the Attorney General.

(b) The Department shall recognize regions which comply with the law and this Chapter.

(c) Any regional emergency medical services system shall provide the name of the regional medical director, copies of regional standards, rules, and transport protocols established for the regional emergency medical services system to the Department.

310:641-17-19. Sole source ordinances

(a) A stretcher aid van service which operates as a sole source provider established by EMS regions, ambulance service districts, or municipalities shall file with the Department a copy of the ordinance or regulation and a copy of the contract to operate as a sole source provider. This requirement shall be retroactive and includes all established sole source ordinances and resolutions.

(b) A stretcher aid van service which operates as a sole source provider for a "region" as established pursuant to the Oklahoma Interlocal Cooperation Act (Title 74, Section 1001, et seq.), shall file with the Department, a copy of the interlocal agreement and any ordinance or other regulations or contract or agreement established by the region for ambulance service provision.

(c) Violation of contracts established herein may be cause for enforcement action by the Department.

Section 16 – Owner Signature (O.A.C. 310:641-17-2 (h))

- Print the license owner's name in the space provided.

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- Print the license owner's title in the space provided.
- Enter the date in the space provided.
- The license owner must sign in the space provided.
- The signature must be verified by a notary public.

Additional Forms

- **Personnel Roster** – List all personnel for your agency who provide patient care.
- **Inspection Form** – This form is used by the Department for vehicle inspections. Complete the form to provide us with your ambulance's information as well as an equipment checklist. Complete this form for each of your agency's vehicles. The Record Review checklist detail records to be maintained at the agency.
- **Substations** – Check "yes" if your agency will maintain substations. Complete and submit the Air Ambulance Substation form with your application.

Department Application Procedures

After submitting your application, it will be reviewed by Department staff for completeness, accuracy and legibility. You will be contacted if the package is incomplete or additional information is required. Once the application is complete, an EMS Administrator will be assigned to conduct an initial inspection of your files, equipment and facility. Upon receipt of the EMS Administrator's inspection report, your EMS Agency Certificate will be mailed to the address on record. Information regarding your Air Ambulance application package may be obtained by calling (405) 271-4027.



Stretcher Van Agency Application Checklist

Date application received: _____ Date complete application received: _____

Reason for submission: Initial ____ Amended ____ Update ____ Other _____

Agency Name: _____

Please check each item:

1. Amount \$ _____ Fee Paid (310:641-17-2 (g) (9))

| Section | Content | Regulation (O.A.C) | Complete (Yes/No) |
|---------------|--|--|-------------------|
| 1 | Type of Application | | |
| 2 | Business Information | | |
| 3 | Level of care | 310:641-17-3 (f) | |
| 4 | Type of Owner | | |
| 5 | Type of Operation | | |
| 6 | Communication Policy | 310:641-17-2 (g) (6) (A) – (C) | |
| 7 | Additional Documentation | | |
| | Insurances: | 310:641-17-2 (g) (2) (3) (4) | |
| | Contracts | 310:641-17-2 (g) (5) | |
| | Business Plan | 310:641-17-2 (j) | |
| | Personnel roster | 310:641-17-8 | |
| | Response Plan | 310:641-17-2 (a) (7) | |
| 8 | Type of Ownership | 310:641-17-2 (g) (1) (A) – (B) | |
| 9 | Indirect ownership | 310:641-17-2 (g) (1) (A) – (B) | |
| 10 | Mortgagee | 310:641-17-2 (g) (1) (A) – (B) | |
| 11 | Corp. officers/directors | 310:641-17-2 (g) (1) (A) – (B) | |
| 12 | Felony Statement | 310:641-17-2 (g) (1) (A) – (B) | |
| 13 | EMS District Board | 310:641-17-2 (g) (1) (A) – (B) | |
| 14 | Other Ownership | 310:641-17-2 (g) (1) (A) – (B) | |
| 15 | Compliance with Sole-Source ordinances and population requirements | 63 O.S. 1-2503 Definitions 310:641-17-2 (h), 17-15 (a) – (c), and 17-19 (a) – (c) | |
| 16 | Owner signature | 310:641-17-5 (a) (1) | |
| Separate form | Personnel Roster | 310:641-17-8 | |
| Separate form | Inspection checklists | 310:641-17-10310 | |
| Separate form | Substation list | :641-17-2 (b) | |



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 Fax: (405) 900-7560



Stretcher Van Service Application

License Fees:

| Type of Fee | Reg | Fee for Initial License | Initial Vehicles | Substation |
|--------------------|-----------------------------|---------------------------|--|--------------------------------|
| Fee for license | O.A.C. 310:641-17-2 (g) (9) | \$600.00 (non-refundable) | \$20.00 for each unit after two units for transport (non-refundable) | \$150.00 each (Non-refundable) |
| Renewal of license | 310:641-17-4 (a) (2) | \$100.00 | \$20.00 for each after two units | \$50.00 |
| Amendment | 310:641-17-7 (b) | \$100.00 | | \$100.00 |

SECTION 1 – TYPE OF APPLICATION (Print or Type) To renew, use the Agency Renewal form on our website.

Date of Application _____ Purpose: Initial ___ Amended ___ Update ___ License No: _____

SECTION 2 – BUSINESS INFORMATION

Service Name: _____

Mailing Address: _____
City State Zip Code

Physical Address: _____
City State Zip Code

Record Retention Address: _____
City State Zip Code

Business Telephone: _____ Emergency Telephone: _____

Director / Administrator / Coordinator / CEO Name: _____

Email Address: _____

Hours of Business Operation (Include days and times): _____

SECTION 3 – LEVEL OF CARE

Stretcher Van: 310:641-17-3 (f)
The stretcher aid van service is limited to the transportation of stable patients that can only be transported in a reclining position. As such, the medical interventions the staff members can provide are that of first aid, BLS CPR, and AED interventions. Agency supplied medications are prohibited for this license type.

SECTION 4 – TYPE OF OWNER

Governmental City _____
 Governmental County _____
 Governmental Federal _____
 Governmental Tribal _____
 Private (Not For Profit) _____
 Private (For Profit) _____
 Board or Trust (Other) _____
 522, Title 18 or 19 Board _____

SECTION 5 – TYPE OF OPERATION

Fire Based _____
 Law Enforcement _____
 Hospital _____
 3rd Service (government owned) _____
 Private _____
 Other: _____

SECTION 6 – PUBLIC ACCESS AND DISPATCH (Communication Plan)(O.A.C. 310:641-17-2 (g) (6) (A) – (C)

Agency Dispatch

Agency phone number where calls are received: (____) _____ - _____ The call is received by: _____

Other Dispatch

Agency providing dispatch: _____ Phone number for agency providing dispatch: (____) _____ - _____

Radio System (How are you dispatched?)

Cell Phone ___ VHF ___ UHF ___ 700Mhz ___ 800Mhz ___ Other frequency _____

Include the communication policy that addresses receiving and dispatching emergency and non-emergency calls that is State and Federal compliant. Include documentation that a screening process is in place to ensure the request for service will meet the agency's capability, capacity, and licensure requirements. Emergency contact policy is to be included, as described in 17-16- (h) (1) – (3)

SECTION 7 – Additional documentation (Return with Application) (O.A.C. 310:641-17-

| | | | |
|--|--------------------------|--|------------|
| <i>Certificate of Vehicle Insurance (\$1,000,000.00)</i> | -2 (g) (2) | <i>Professional Liability Insurance (\$1,000,000.00)</i> | -2 (g) (3) |
| <i>Workers' Compensation Program Verification</i> | -2 (g) (4) | <i>Copies of Contacts for Equipment & Services</i> | -2 (g) (5) |
| <i>Confidentiality Policy</i> | -2 (a) (8) | <i>Business plan and financial disclosure</i> | -2 (d) |
| <i>Personnel Roster (form enclosed)</i> | -8 | <i>Unit and Record Review (form enclosed)</i> | -10 |
| <i>Response Plan</i> | -2 (g) (7) and 17-16 (h) | | |

SECTION 8 – TYPE OF OWNERSHIP (O.A.C. 310:641-17-2 (g) (1) (A) – (B)

Government Ownership (City, State or Federal) – Give Description: _____

Sole Proprietorship. List name of owner: _____

Partnership. List partners: _____

Corporation. Name of corporation: _____

Disclosing entity received money from, or contracts with , a '522' District (Article X);
Give '522' district name: _____

Disclosing entity received money from or contracts with, an 'Ambulance Service' District (Title 19);
Give 'Ambulance Service' district name: _____

Other (Specify): _____

SECTION 9 – INDIRECT OWNERSHIP (O.A.C. 310:641- (g) (1) (A) – (B) (if applicable)

List the names and addresses of individuals, organizations or other entities having a direct or indirect ownership interest(s), separately or in combination, amounting to an ownership interest of 5% or more in the DISCLOSING ENTITY.

| NAME | ADDRESS |
|-------|---------|
| _____ | _____ |
| _____ | _____ |

SECTION 10 – MORTGAGEE (O.A.C. 310:641- (g) (1) (A) – (B) (if applicable)

List the names and addresses of individual, organizations or other entities having an interest in the form of the mortgage, or other obligation, secured by disclosing entity (equal to at least 5% of the assets).

| NAME | ADDRESS |
|-------|---------|
| _____ | _____ |
| _____ | _____ |

SECTION 11 – CORPORATION OFFICERS / DIRECTORS (O.A.C. 310:641- (g) (1) (A) – (B) (if applicable)

If the disclosing entity is a CORPORATION, list the names, titles and addresses of the officers and directors.

| OFFICERS NAME | TITLE | ADDRESS |
|---------------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

CORPORATION DIRECTORS

| DIRECTORS NAME | TITLE | ADDRESS |
|----------------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SECTION 12 – FELONY STATEMENT (O.A.C. 310:641-17-5 (a) (1) (A))

Has any owner, principal, officer, or director been convicted of a felony? Yes ____ No ____.
If yes, please indicate details on a separate peace of paper.

SECTION 13 – EMS DISTRICT BOARD (“522” or “Title 19” District) (O.A. C 310:641-17-2 (g) (1) (A) – (B))

(if applicable)

If the disclosing entity is a ‘522’ District Board, or received money from a ‘522’ District Board, list the names, titles and addresses of the officers and directors.

Name: _____ Position: _____
Address: _____ Contact Number: _____
Name: _____ Position: _____
Address: _____ Contact Number: _____

If the DISCLOSING ENTITY is not owned or operated by the District, then attach a contact or contracts to provide ambulance services with this form.

SECTION 14 – OTHER OWNERSHIP OR CONTROLLING INTERESTS (O.A. C 310:641-17-2 (g) (1) (A) – (B))

(if applicable)

If the disclosing entity is an Ambulance District Board established by Title 19, received money from an Ambulance District Board (“522 or “Title 19”), a city, a county , a council, or any entity list the names, titles, and addresses of the officer, directors, commissioners, council, etc. Give meeting dates, times and other pertinent information.

Name: _____ Position: _____ Ownership %: _____
Address: _____ Contact Number: _____
Name: _____ Position: _____ Ownership %: _____
Address: _____ Contact Number: _____

If the DISCLOSING ENTITY is not owned or operated by the District, then attach a contract(s) to provide ambulance service to this form.

SECTION 15- COMPLIANCE WITH EXISTING SOLE-SOURCE ORDINANCES AND POPULATION REQUIREMENTS

(63 O.S. § 1-2503 Definitions) (O.A.C. 310:641-17-2 (h) and 17-19)

“Stretcher van license applicants will provide documentation that reflects compliance with existing sole-source ordinances.” (see instructions for complete statutes and regulations)

* Include with the application documentation or reports showing the applicant will operate within an EMS Region, EMS District or County that meets the minimum population requirements.

SECTION 16 - OWNER SIGNATURE (O.A.C. 310:641-17-2 (e))

I hereby certify that all information is complete and that all information to this report and supplemental attachments is true and correct to the best of my knowledge. The party or parties who sign this application shall be considered the owner agency (certificate holder) and responsible for compliance of the Act and rules.

Print Name _____ Title _____ Date _____ Signature _____
Signed before this _____ day of _____. My Commission Expires: ____/____/____
Notary Public _____



STRETCHER VAN AGENCY PERSONNEL ROSTER (O.A.C. 310:641-17-8)

Instructions: List all personnel associated with the agency that drives or attends to the passenger. Please list the names in alphabetical order. Please type or print only

Volunteer means a person that does not receive compensation or is compensated at less than minimum wage.

Agency Name: _____ Date: ____ / ____ / ____

Person Providing the Information: _____ Title: _____

| Name (Last, First and Middle Initial) | Level of License | SSN |
|---------------------------------------|---------------------------------------|-----------------------------|
| Address | OK License Number and expiration date | Full/Part Time or Volunteer |

| | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |

Name (Last, First and Middle Initial)

Level of License

SSN

Address

OK License Number
and expiration date

Full/Part Time
or Volunteer

| | | |
|-----|--|--|
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |
| 16. | | |
| 17. | | |
| 18. | | |
| 19. | | |
| 20. | | |
| 21. | | |
| 22. | | |

Signature _____

_____/_____/_____
Date

Stretcher Van Service List of Substations



Do you have units positioned at locations other than the business office or main station? YES ___ NO

If yes, list the address and physical location, if different from the address of the units. Make additional copies of this page if necessary.

—

| Substation Name or Number | Address | City, Zip | Phone Number at Sub-station |
|---------------------------|---------|-----------|-----------------------------|
| | | | |
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