



Kentucky Board of Emergency Medical Service

Renewal Application for Class I, II, III, and IV Agencies

(For agencies with a current license expiration date of)

Application Has Two Parts

- ☐ I understand this application has two parts and that PART A must be submitted and the renewal fee payment completed prior to opening and completing PART B of the application.

Who is your agency's assigned KBEMS Inspector/Liaison?

- ☐ Bryan Morris
- ☐ Justin Holmes
- ☐ Levi Hanshaw

Agency Information

Throughout this application, if any read-only fields contain incorrect data, [contact KBEMS staff](#) prior to proceeding further with the application process.

Agency Name

License Number

Physical Address Street 1

Physical Address Street 2

Physical Address Postal Code

Physical Address City

Physical Address County

Physical Address State

Select Physical Address State



Phone

-

-

Ext:

Confirm Primary Agency Contact Email - Edit Now if an Update is Needed

Classification

- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ V
- ☐ VI
- ☐ VII
- ☐ VIII
- ☐ TEI
- ☐ EMS-TEI 1
- ☐ EMS-TEI 2
- ☐ EMS-TEI 3
- ☐ EMS-TEI 4
- ☐ EMS-TEI CE
- ☐ Unlicensed

Payment Selection

Please assist KBEMS in processing by answering a few questions about Payment Options.

What method of Payment will you be using?

- ☐ Credit Card
- ☐ Check

If payment is other than electronic (e.g., a mailed check) when do you plan to submit payment?

Today

Do you need an invoice emailed in order to initiate payment?

- ☐ Yes
- ☐ No

Service Area, Locations, and Vehicles

Service Area, Locations, and Vehicles

Throughout this application, if any read-only fields contain incorrect data, [contact KBEMS staff](#) prior to proceeding further with the application process.

Service Area Name

Service Area Description

Service Area Type

Select Service Area Type

States

Select States

Cities

Available

>>

>

<

<<

Selected

Counties

Available

>>

>

<

<<

Selected

Postal Codes

Available

>>

>

<

<<

Selected

Census Tracts

Available

>>

>

<

<<

Selected

Street 1

Street 2

City

County

State

Select State

Postal Code

*Action to take

Update record in the service

This is the action that will be taken within the service for the Vehicle you select below.

Vehicle

Find

Active

☒ Yes

☐ No

Location

Select Location

Signature and Submission

Signature and Submission

This declaration is an affirmation that this agency and all aspects of its operation shall be open to the inspection and surveillance of the Kentucky Board of Emergency Medical Services and the Commonwealth of Kentucky. I certify the information provided in this application is accurate and true to the best of my knowledge and recognize that falsification of this application may result in revocation of license(s).

By signing below, I affirm that I understand KBEMS will use electronic (email) communications as the primary method to communicate with agencies and individuals as of January 1, 2015. I shall make sure that my email address on file in KEMSIS is current, accessible, and checked regularly, pursuant to KRS 311A.105.

Payment must be submitted after PART A submission, then PART B will become available for completion.

Signature



Kentucky Board of Emergency Medical Services Renewal Application for Class I, II, III, and IV Agencies

(For agencies with a current license expiration date of)

Agency Information

This application must be submitted prior to scheduling the agency inspection.

Throughout this application, if any read-only fields contain incorrect data, [contact KBEMS staff](#) prior to proceeding further with the application process.

Agency Name

License Number

Does your agency maintain a website?

☐ Yes

☐ No

Website Address (Required Per KRS 311A.032)

Administrative

Administrative

AD1. Organizational chart that establishes lines of authority, including the designation of:

- An agency administrator (Director)
- A designee who shall serve in the absence of the agency administrator (Assistant Director)

This should be reflected within the agency's roster in KEMSIS. Future changes are made by using the "Administrative Personnel Assignments" application within KEMSIS.

AD1 Organizational Chart

☐ I affirm that my agency's administrative personnel are accurately identified on the agency roster maintained within KEMSIS.

AD2. A policy for the provision of a pre-employment and annual health assessment of employees of the agency, which shall include reporting mechanisms for work-related illness or injury.

Has AD2 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

Upload AD2

⊕ Upload File

Name

Document Type

Agency - 2025 Inspection Document

AD3. Each agency in the county in which the agency's base station or a satellite is located:

- Document evidence of participation in a local, county, regional, or state disaster or preparedness exercise within the preceding twelve (12) months
- Coordinate with the county emergency management agency's plans for the possible use of your agency's personnel in the emergency operations center during a disaster
- Maintain a hard copy or electronic equivalent of the most current adopted city, county, or urban county government emergency management agency's emergency operations plan at the ambulance base station

Upload AD3

⊕ Upload File

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AD4. A licensed agency shall have a written plan to assure all requests for service shall be promptly answered.

Has AD4 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

AD5. FCC License with current expiration date.

Upload AD5

⊕ Upload File

Name

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Fee Schedule

Fee Schedule
Per 202 KAR 7:575, Section 3, (1), each agency is required to submit "an annual fee schedule to the Kentucky Board of Emergency Medical Services at the time of agency license renewal." Below is a list of Healthcare Common Procedure Coding System (HCPCS) values. Indicate the current value (in dollars) for each code. Enter 0.00 as the value if the code does not apply to your organization.

A0428 (Ambulance service, BLS, non-emergency transport;) Current Fee Charged to Recipient

A0429 (Ambulance service, BLS, emergency transport;) Current Fee Charged to Recipient

A0426 (Ambulance service, ALS1, non-emergency transport;) Current Fee Charged to Recipient

A0427 (Ambulance service, ALS1, emergency transport;) Current Fee Charged to Recipient

A0430 (Ambulance service, conventional air services, transport, one way (fixed wing);) Current Fee Charged to Recipient

A0431 (Ambulance service, conventional air services, transport, one way (rotary wing);) Current Fee Charged to Recipient

A0433 (Advanced life support, level 2 (ALS2);) Current Fee Charged to Recipient

A0434 (Specialty Care Transport (SCT);) Current Fee Charged to Recipient

A0425 (Ground mileage, per statute mile;) Current Fee Charged to Recipient

A0436 (Rotary Wing Air Mileage, per statute mile;) Current Fee Charged to Recipient

A0435 (Fixed Wing Air Mileage, per statute mile;) Current Fee Charged to Recipient

Other Charges Used

☐ Yes

☐ No

Other Charge Name

Current Fee Charged to Recipient

Agency Agreements

Agency Agreements

AA1. An agency shall enter into a mutual aid agreement with another Kentucky licensed ambulance agency operating within the same or contiguous counties that provide response to medical emergencies. These agreements shall be in writing and address:

- The type of mutual aid assistance to be provided, including ALS or BLS medical care and transport and ALS or BLS medical first response
- Response personnel, including levels of training or education and provisions for joint in-service training or education if appropriate
- Response vehicles, including unit identifiers and the station or location from which the vehicles shall be operated
- A plan of action for the mutual aid agreement, including dispatch and notification procedures
- Radio and other communications procedures between the ambulance agency and other response agencies with which the agency has mutual aid agreements
- On-scene coordination and scene control including medical direction if several agencies respond to the same incident
- Exchange of patient information, records, and reports as allowed by law
- The effective dates and process for amendment or termination

-OR-

IF UNABLE TO PROCURE A MUTUAL AID AGREEMENT WITH ANOTHER KENTUCKY LICENSED AMBULANCE OPERATING WITHIN THE SAME OR CONTIGUOUS COUNTIES:

A ground agency shall send a written request for a mutual aid agreement to at least two (2) contiguous counties and retain a copy of each request and each county's response.

Has AA1 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

Upload AA1

Upload File

Name

Document Type

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AA2. Each agency shall maintain a policy or affiliation agreement with the primary call-taking center that provides dispatch services for all or part of the service area of the ground agency. The agreement shall state at a minimum that:

- Requests for emergency ambulance service shall be dispatched or notified within two (2) minutes from determining that the caller is requesting ambulance response
- The closest licensed agency for that geographic service area is unable to have a vehicle responding to an emergency call within ten (10) minutes from the time the call is dispatched, the agency shall notify the next closest appropriate licensed agency to respond
- The agreement shall specify which patient information shall be collected by the call-taking center during a call for service

-OR-

If a ground agency is unable to secure a written affiliation agreement with the dispatch center, the ground agency shall retain all written correspondence to the dispatch center requesting an affiliation agreement and the dispatch center’s denial of the agency’s request.

Has AA2 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

Upload AA2

Upload File

Name

Document Type

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AA3. Upload all BLS First Response Agreements with agencies in your agency's Geographic Service Area.

Check the box if there are NO BLS First Response Agreements with agencies in your agency's Geographic Service Area.

☐ There are NO agreements with BLS First Response agencies within our agency's Geographic Service Area.

Upload AA3

Upload File

Name

Document Type

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Employee Policies

Employee Policies

EP1. A written policy regarding the appropriate destination of a patient who expires during transport if a valid Kentucky EMS DNR, or MOST form is present.

Has EP1 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

Upload EP1

 Upload File

Name

Document Type

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EP2. A written plan for providers to consult with online adult and pediatric medical direction. This plan shall address as a minimum:

- The availability of medical direction twenty-four (24) hours a day, seven (7) days a week
- The availability of medical direction during an emergency event
- The provision of medical direction by a medical professional with a higher level of training or expertise
- Recommended actions if: a. There is an equipment failure, a communication barrier, or other unusual circumstance; and b. It is not possible to contact online medical direction

Has EP2 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

Upload EP2

 Upload File

Name

Document Type

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EP3. A written orientation program for all personnel, including at a minimum:

- Validation of certification or license with KBEMS
- Validation of NIMS ICS 100, 200, 700, and 800 within sixty (60) days of employment for any employee who staffs a licensed vehicle
- Validation of Driver's License if applicable
- A review of all agency policies, procedures, and protocols
- Communication equipment at the base station and on each vehicle
- Operational aspects of the agency fleet and equipment
- Inspection and routine maintenance of agency fleet, facilities, and equipment
- Appropriate processes for disinfection of agency fleet, facilities, and equipment
- Local navigation and geographic orientation
- Completion of Patient Care Reports and other documentation as established by the agency

Has EP3 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

Upload EP3

 Upload File

Name

Document Type

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EP4. Policy regarding which employees are approved to provide medical services off duty by the agency's medical director and the manner in which worker's compensation and general liability insurance covers employees off duty. The policy shall be signed by both the agency's administrator and medical director, shall be reviewed annually, and shall include:

- Direction on which employees may remove medical equipment from the agency's premises for the purpose of providing care off duty
- Direction on which equipment may be removed from the agency's premises for the purpose of providing care off duty
- A provision that controlled substances shall not be removed from the agency's premises for the purposes of providing care off duty

Upload EP4

 Upload File

Name

Document Type

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Medical Direction

Medical Direction

MD1. Medical Director Documents:

All agencies MUST upload the following documents:

- A copy of their agreement with their medical director
- A copy of a current KBML license

ALS Agencies MUST also upload the following documents:

- A copy of a current Board Certification in Emergency Medicine from the American Board of Medical Specialties or the American Association of Physician Specialists

-OR-

- Current ATLS
- Current ACLS through AHA or ASHI
- Current PALS or PEPP

BLS Agencies MUST also upload the following documents:

- A copy of a current Board Certification in Emergency Medicine from the American Board of Medical Specialties or the American Association of Physician Specialists

-OR-

- Current ATLS, ITLS, or PHTLS
- Current ACLS through AHA or ASHI
- Current PALS or PEPP

Upload MD1

Upload File

Name

Document Type

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MD2. Current patient care protocols (as approved through a KBEMS Protocol Submission Application). **This is NOT for protocols needing approval nor those currently under review for approval.**

Choose the answer below which generally describes your agency's patient care protocols:

- ☐ Adopted UNMODIFIED standard KBEMS Kentucky EMS State Protocols
- ☐ Adopted UNMODIFIED standard KBEMS Academy of Medicine of Cincinnati Protocols (SWONKY)
- ☐ Adopted MODIFIED or PROPRIETARY patient care protocols which have been formally approved by KBEMS

Upload your agency's approved protocols

Upload File

Name

Document Type

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MD3. Please upload the KBEMS Letter of Approval for your agency's currently adopted protocols.

Upload MD3

Upload File

Name

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MD4. Master medication list consistent with the agency's medical protocols.

Has MD4 changed since the previous inspection and/or renewal?

- ☐ Yes
- ☐ No

Haz-Mat/Mass Casualty

Haz-Mat/Mass Casualty


HM1. A written plan for training or educating personnel for responding to hazardous materials, criminal, and potential terrorist incidents, including plans for the protection and decontamination of patients, ambulances, equipment, and staff.

Has HM1 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

Upload HM1

 Upload File

Name

Document Type

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HM2. A written plan for training personnel and responding to mass casualty incidents and disasters.

Has HM2 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

Upload HM2

 Upload File

Name

Document Type

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Internal Policies

Internal Policies

IP1. Written scope of care policy to include:


- The types of services performed
- Limitations of response
- And the types of medical teams provided

Has IP1 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

Upload IP1

 Upload File

Name

Document Type

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IP2. An infection control plan in accordance with 29 C.F.R. 1910.1030.

Has IP2 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

Upload IP2

 **Upload File**

Name

Document Type

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IP3. A plan and records for the provision of continuing education for staff and volunteers, including:

- A written plan for the method of assessment of staff continuing education needs
- A coordinated plan to meet those needs, including a provision that all continuing education shall be provided either by a licensed TEI or in accordance with 202 KAR 7:601

Has IP3 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

Upload IP3

 **Upload File**

Name

Document Type

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IP4. A written plan for the quality assessment of patient care and provider quality improvement, including a monthly review of patient care reports and evaluation of staff performance related to patient care. This plan shall address as a minimum:

- Employee health and safety
- Compliance with protocols and operating procedures
- Assessment of dispatch protocols
- Vehicle operations and vehicle safety
- Additional training necessary for the patient care provider or providers
- Equipment preventive maintenance programs
- A process for the resolution of customer complaints

Has IP4 changed since the previous inspection and/or renewal?

☐ Yes

☐ No

Upload IP4

Upload File

Name

Document Type

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Insurance

Insurance
IN1. Proof of professional liability malpractice insurance with at least \$1,000,000.00 of coverage.

Upload IN1

Upload File

Name

Document Type

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IN2. Proof of vehicle liability insurance.

Upload IN2

Upload File

Name

Document Type

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Signature and Submission

Signature and Submission
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