



Kentucky Board of Emergency Medical Services

Initial Ground Agency License Application

Throughout this application, if any read-only fields contain incorrect data, you have any questions, or need any other assistance with completion,

[Contact KBEMS staff](#) prior to proceeding further with the application process.

Doing Business As

Is there a "Doing Business As" component in the structure of the organization applying for this license?

☐ Yes

☐ No

In the "DBA Details" field below, please provide clear, accurate, details about the DBA. Similar to:

- [Xyz Taxing District, DBA Xyz EMS](#)
- [Xyz Corporation, DBA Xyz Ambulance Services](#)

Feel free to add any additional details, explanations, et cetera.

DBA Details

Agency Information

Agency / Service Name (The public-facing Trade Name or operational name)

Agency / Service License Number

Street Address

Street Address 2 (e.g., Unit, Suite, only if applicable)

Postal Code

City

County

State

Select State



Phone

- - Ext:

Fax

- -

Agency / Service Email Address (Or Service Director's email address)

Does your agency maintain a website?

☐ Yes

☐ No

Website Address

Shipping Address

Does your agency utilize a Mailing or Shipping Address which is different from the agency's primary Street Address?

☐ Yes

☐ No

Shipping Street 1

Shipping Street 2

Shipping Postal Code

Shipping City

Shipping County

Shipping State

Select Shipping State

Operational Details

Agency's National Provider Identifier (NPI) Number, if applicable

Federal Tax ID (FEIN)

Organizational Tax Status

Select Organizational Tax Status

Organization Type

Select Organization Type

Organization Status

Select Organization Status

Time Zone

Select Time Zone



PSAP Center Name (The 911 Public Safety Answering Point which directly dispatches your agency. Enter "N/A" if not applicable)

PSAP Phone (Required if PSAP Center Name was entered above)

- -

Click for the [Emergency Medical Dispatch description at Wikipedia](#)

Emergency Medical Dispatch capabilities provided through your PSAP (Choose "No" if not applicable)

Select Emergency Medical Dispatch capabilities provided through your PSAP (Choose "No" if not applicable)



Dispatch Center Name (Non-911 Dispatch Center, typically applicable to aeromedical and hospital-based agencies. Enter "N/A" if not applicable)

Dispatch Center Phone (Required if Dispatch Center Name was entered above)

- -

Payment Selection

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

What method of Payment will you be using?

- ☐ Credit Card
- ☐ Check
- ☐ Money Order
- ☐ Other

If payment method will be other than online, via credit card, when do you plan to submit payment?

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

- ☐ Yes
- ☐ No

If requesting an invoice via email delivery, please allow two business days for delivery, after submission of the application.

Credit card payment will be possible after submission of this application. Successful payment will move the application to the next workflow process.

Personnel & Services

Ownership

Ownership information should identify one or more individuals or business entities which total 100% ownership interest.

Ownership Type

Select Ownership Type



Owner Name

Ownership Percentage

Owner Email, if available

Owner Phone, if available

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Staff Members

Service Director is limited to one individual per agency, Assistant Service Director and Authorized User may be applied to multiple persons per agency. Authorized User is intended for personnel needing agency-level access in KEMSIS to perform administrative functions on behalf of the organization, e.g., managing personnel rosters, vehicle changes, submitting paperwork, et cetera, but don't possess the Director or Assistant Director titles at the agency.

Note: Any individual being assigned to a staff position below must already have an active account in KEMSIS.

*Action to take

Add record to the service

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

Name of Staff Member (For accuracy, search here using their KEMSIS ID. Be patient, the search will take a few seconds to complete)

Find

Position

- ☐ Data Coordinator
- ☐ Authorized User
- ☐ Service Director
- ☐ Assistant Service Director

Medical Director

Medical Director **Online**: Real-time availability during all hours of operation
Medical Director **Offline**: Scheduled or finite availability. Most Medical Directors are "Offline"

*Action to take

Add record to the service

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

Medical Director (Search using KEMSIS ID #, KBML #, or Last Name, First Name)

Find

Position

- ☐ Medical Director Online
- ☐ Medical Director Offline

Service Classifications

Agency Classification being applied for:

- ☐ 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

Permit Level

Select Permit Level

Class III Subclassifications

- ☐ Adult Critical Care

☐ Neonatal Specialty Care

☐ Pediatric Specialty Care

Primary Type Of Service

Select Primary Type Of Service

All Types of Services provided by the agency (Primary Type + any other applicable Types)

Available

911 Response (Scene) with Transport Capability
911 Response (Scene) without Transport Capability
Air Medical
Community Paramedicine
Hazmat
Medical Transport (Convalescent)
Not Applicable
Not Available
Not Known

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Selected

Locations & Vehicles

Geographic Service Area

If the Geographic Service Area is not a governmental boundary, e.g., City, County, et cetera, please give a detailed description of the service area with boundaries clearly defined.

Service Area Name

Primary Service Area

Description (As stated in Certificate of Need, if applicable, or create an accurate description)

Type

Primary

State(s)

Kentucky

City, or Cities

Available

Aaron
Aberdeen
Abigail
Absher
Access
Acorn
Acton
Adaburg
Adair

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Selected

County, or Counties

Available

Adair
Allen
Anderson
Ballard
Barren
Bath
Bell
Boone
Bourbon

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Selected

Attach Service Area Map

Upload File

Name

Service Area Map

Description

Document Type

Select Document Type

Station Locations

Station / Location Name

Is This The Headquarters Location?

☐ Yes

☐ No

Station Number (Numerals only)

Street Address

Street 2

Postal Code

City

County

State

Select State

Phone

-

-

Agency Vehicles

Are There Ambulances For Transport?

☐ Yes

☐ No

*Action to take

Add record to the service

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

Find existing KBEMS-Licensed Vehicles by searching with the Serial or VIN. Add new-to-KBEMS Vehicles by clicking the green + to the right of the search field.

Find



Submission

Declaration 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 that 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 licensing.

By signing below, I affirm that I understand KBEMS will use electronic (email) communications as the primary method to communicate with EMS Agencies and Responders. I shall ensure that my email address on file in KEMSIS is current, accessible, and checked regularly, in accordance with [KRS311A.105](#).

Signature (Enter Your KEMSIS Password)



Kentucky Board of Emergency Medical Services

Initial Ground Agency License Application

Additional Agency Documents

Throughout this application, if any read-only fields contain incorrect data, or you have any questions, or need any other assistance with completion,
[Contact KBEMS staff](#) prior to proceeding further with the application process.

The **KBEMS Agency License and Vehicle Inspection Manual** is available [on this web page](#)

Inspection Manual

☐ I confirm that I have reviewed the KBEMS Agency License and Vehicle Inspection Manual

The **KBEMS Inspection Regions Map** will aid in identifying your region and inspector, it may be found [on this web page](#)

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

- ☐ Bryan Morris
- ☐ Ray Chesney
- ☐ Levi Hanshaw

Agency Information

Agency Name

Agency 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

Does your agency maintain a website?

- ☐ Yes
- ☐ No

Website Address

Administrative

Administrative

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

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

(Future changes to staff assignments are made by using the "Administrative Personnel Assignments" application within KEMSIS)

Upload AD1

 Upload File

Name

Document Type

Agency - Initial Licensing Document

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.

Upload AD2

 Upload File

Name

Document Type

Agency - Initial Licensing 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 director plans for the possible use of agency personnel for use in the emergency operations center in 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

Name

Document Type

Agency - Initial Licensing Document

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

Upload AD4

 Upload File

Name

Document Type

Agency - Initial Licensing Document

AD5. FCC License with current expiration date.

Upload AD5

 Upload File

Name

Document Type

Agency - Initial Licensing Document

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.

Upload AA1

 Upload File

Name

Document Type

Agency - Initial Licensing Document

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.

Upload AA2

 Upload File

Name

Document Type

Agency - Initial Licensing Document

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.

Upload EP1

 Upload File

Name

Document Type

Agency - Initial Licensing Document

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
 - Or, for Class V & Class VIII agencies, the availability of medical direction during hours of operation
- 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.

Upload EP2

 Upload File

Name

Document Type

Agency - Initial Licensing Document

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

- Validation of current certification or licensure 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 (Not required for Class V personnel)
- 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

Upload EP3

 Upload File

Name

Document Type

Agency - Initial Licensing Document

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

Agency - Initial Licensing Document

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 Medical Director Agreement, License & Certifications (KBML, ACLS, ATLS, PALS, et cetera)

⊕ Upload File

Name

Document Type

Select Document Type

MD2. Master medication list consistent with the agency's medical protocols.

Upload MD2

⊕ Upload File

Name

Document Type

Agency - Initial Licensing Document

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

Upload HM1

⊕ Upload File

Name

Document Type

Agency - Initial Licensing Document

MC1. A written plan for training personnel and responding to mass casualty incidents and disasters

Upload MC1

⊕ Upload File

Name

Document Type

Agency - Initial Licensing Document

Internal Policies

Internal Policies

IP1. Written scope of care policy to include:

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

Upload IP1

 Upload File

Name

Document Type

Agency - Initial Licensing Document

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

Upload IP2

 Upload File

Name

Document Type

Agency - Initial Licensing Document

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

Upload IP3

 Upload File

Name

Document Type

Agency - Initial Licensing Document

IP4. A written plan for the quality assessment of patient care and provider quality improvement, including a monthly, or more frequent, 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

Upload IP4

 Upload File

Name

Document Type

Agency - Initial Licensing Document

IP5. Policies and procedures which address the assessment, planning, and care coordination services while providing MIH services. At a minimum such policies shall address:

- Securing consent to obtain or release patient medical records to other healthcare providers
- Coordination of care and reporting to discharge planners, home health agencies, primary care providers, and other organizations
- Referral process to other outpatient care providers appropriate to address the needs identified in the patient care planning
- Identification of patients eligible for services
- Discontinuation of care and completion of care goals
- Documentation requirements for each visit
- Patient communication and contact with the MIH program and its staff

Upload IP5

 Upload File

Name

Description

Document Type

Agency - Initial Licensing Document

Insurance

Insurance

IN1. Proof of professional liability malpractice insurance of a minimum of \$1,000,000.

Upload IN1

 Upload File

Name

Document Type

Agency - Initial Licensing Document

IN2. Proof of vehicular liability insurance.

Upload IN2

 Upload File

Name

Document Type

Agency - Initial Licensing Document 


Service Area, Locations, and Vehicles


Service Area, Locations, and Vehicles

You cannot edit the information on this page, please proofread and then [notify the KBEMS office](#) of any possible errors, prior to proceeding with the application.

Name

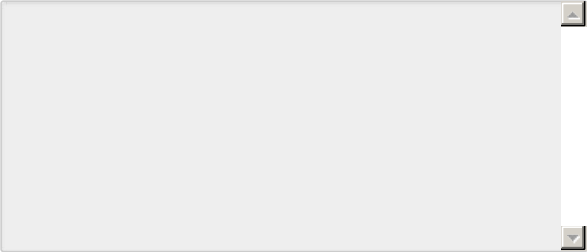
Description

Type 

States 

Cities

Available



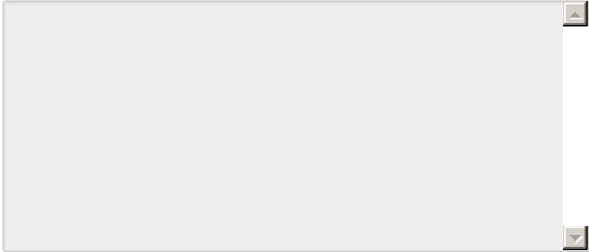
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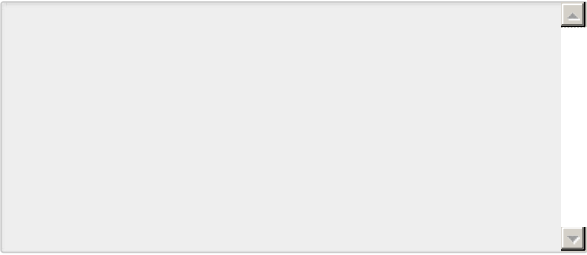
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Selected



Counties

Available



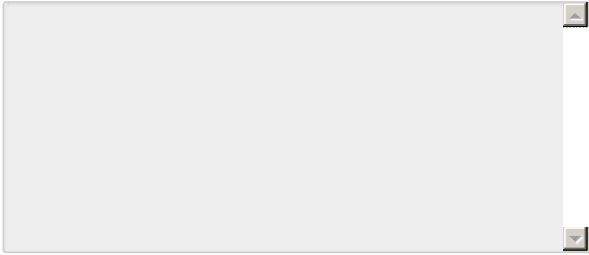
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Selected



Postal Codes

Available



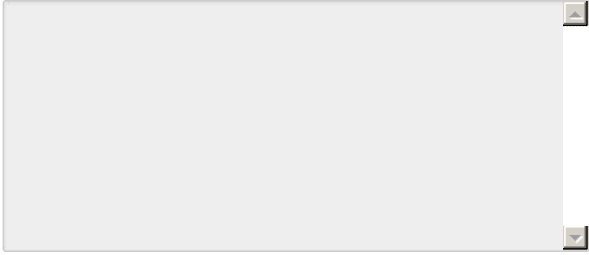
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Selected



Census Tracts

Available

Selected

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Street 1

Street 2

City

County

State

Select State

Postal Code

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).

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Signature