



Maryland Institute for Emergency Medical Services Systems
Office of Commercial Ambulance Licensing & Regulation
653 West Pratt Street
Baltimore, MD 21201-1536
Office: (410) 706-8511 - Fax: (410) 706-8552

Commercial Ambulance Service Licensing Application

For Office Use Only

Date Application Received	___/___/___
Date Ambulance(s) Inspected	___/___/___
Date Licenses Issued	___/___/___

CAREFULLY READ AND COMPLETE THE APPLICATION IN ITS ENTIRETY

Required supporting documentation must be included with application submission.

Submit the application to:

SOCALR@miemss.org

Or

**Maryland Institute for Emergency Medical Services Systems
State Office of Commercial Ambulance Licensing and Regulation
653 West Pratt Street, Room 313
Baltimore, Maryland 21201-1536**

The enclosed "New Service Application Checklist" provides a comprehensive list of all required supporting documentation. This checklist is to be used to guide application completion, and must be submitted with the application as verification of attachments.

The new Commercial Ambulance Service Licensing Application fee is **\$100.00**. This fee is non-refundable, and must be paid at the time of application submission. SOCALR **DOES NOT** accept checks as a form of payment. For your convenience, SOCALR has adopted the ability to receive funds via ACH transfer, which offers a more efficient payment process to all of our customers, and consequently, more efficient application processing. There are no transaction fees associated with this process, and it requires only a few easy steps for one-time setup. Beginning on February 1, 2018, all payments to SOCALR must be made via ACH, wire transfer, or credit card.

Initiation of an ACH transfer requires a one-time setup process. Please contact SOCALR at (410) 706-8511 for instructions. MIEMSS SOCALR is committed to providing whatever assistance necessary to facilitate this process.

The following information provides a more detailed description of the supplemental documents required for application submission.

Service Business Information:

• **Maryland Department of Assessments and Taxation documentation:**

Certificate of verification that the commercial ambulance service is registered in accordance with the Corporations and Associations Article, Annotated Code of Maryland and is in good standing with the Maryland Department of Assessments and Taxation. All trade names must be recorded with the Maryland Department of Assessments and Taxation for this business entity. If this business entity is a subsidiary, all trade names or names of all other subsidiaries of the parent organization must be recorded with the Maryland Department of Assessments and Taxation.

• **Required certificates of insurance in accordance with COMAR 30.09.04.06:**

1) **General Liability**

- a) greater than or equal to \$1 million for each occurrence of bodily injury liability and \$100,000 for each occurrence of property damage liability; **or**
- b) equal to \$1 million for each occurrence of combined bodily injury and property damage liability.

2) **Worker's compensation** insurance coverage, unless exempt, in the amount required by State worker's compensation statutes and regulations.

3) **Commercial motor vehicle liability** insurance coverage of not less than the minimum required under Transportation Article, §17-103, Annotated Code of Maryland. Insurance documents must list the VIN for each vehicle insured.

All certificates of insurance must list the State Office of Commercial Ambulance Licensing and Regulation, 653 West Pratt Street, Room 313, Baltimore, Maryland 21201-1536, as an additional party entitled to notification 10 days before any of the following relating to insurance required by this chapter occurs:

- (a) Nonrenewal,
- (b) Cancellation, or
- (c) Substantive change in the coverage or level of insurance.

• **Department of Health and Human Services Certificate of Waiver or Certificate of Registration for glucometer testing.** These documents are required for all ALS services, or those BLS services that are authorized for the Glucometer Optional Supplemental Program.

The CLIA Amendment of 1988 requires that any "laboratory" that performs procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body be issued a certificate. Blood glucose tests that are typically performed by EMS operational programs qualify as one of the procedures that fall under CLIA legislation. Refer to CDC standards 42 CFR 493 for further information.

Your organization may do one of two things to be compliant with CLIA:

1) Apply for a Certificate of Registration; or

2) Apply for a Certificate of Waiver to perform only the waived tests listed at Sec. 493.15(c) of which obtaining a blood glucose sample with a glucose monitoring device cleared by the FDA specifically for home use is applicable.

• **Patient Care Reporting System.** Notify SOCALR by phone or email socalr@miemss.org if your service will be using Elite for patient care reports or a third party system. Designate a point of contact for all of your service's patient care reports on page 9 of this application.

Vehicle Information

- **Submit current temporary or permanent motor vehicle registration certificates for each vehicle identified on the application. The permanent motor vehicle registration must be submitted to license a vehicle. Licenses cannot be issued to temporary registrations.**
- **“Application for Approval of Emergency Vehicles” (MVA form VR-026) approved by the Maryland Motor Vehicle Administration for each vehicle.**
- **Maryland Motor Vehicle Safety Inspection (MSI) – must be conducted for each vehicle to be licensed, unless the vehicle is less than one year from the date of manufacture, as indicated on the vehicle certificate of origin. The first MSI must be conducted prior to the one-year anniversary of the date of manufacture. A completed MSI certificate must be submitted for all vehicles greater than one year old, and must be repeated annually.**
- **Diagram of the vehicle markings for approval prior to lettering or painting the ambulance.** To be eligible for a license, you must own or operate at least one ambulance. The legal name, or trade name, of the commercial ambulance service must appear on the vehicle exactly as it is registered with the Maryland Department of Assessment and Taxation (DAT). The following standards also apply:
 - The name of the licensed commercial ambulance service must be displayed in letters at least 4 inches high.
 - A unit designation number, assigned by the commercial ambulance service, must be displayed in letters that are at least 3 inches high, and must be present in three locations (rear, left and right sides)
 - If other lettering is present naming a sponsoring or serviced facility, organization, or entity, the lettering of the licensed commercial ambulance service name must be prominently displayed in lettering at least the same size

Policies and Procedures

- **Exposure Control Plan in accordance with 29 CFR § 1910.1030.** An Exposure Control Plan, in accordance with OSHA standards 29 CFR §1910.1030, is a written document that identifies the job tasks that may expose employees to infectious materials and the methods your organization implements to reduce potential exposures. The plan identifies an Infection Control Officer, includes your company’s in-service training on blood-borne pathogens, procedures for reporting and following-up on exposures and employee vaccinations and records.
- **Hazard Communication Plan in accordance with 29 CFR § 1910.1200.** A Hazard Communication Plan is a written policy required by OSHA under 29 CFR §1910.1200. In order to ensure chemical safety in the workplace, information about the identities and hazards of the chemicals must be available and understandable to workers. OSHA's Hazard Communication Standard (HCS) requires the development and dissemination of such information. This policy may include lists of hazardous chemicals, the posting of safety data sheets (SDS), labeling of containers of chemicals such as biohazard waste, and the development and implementation of employee training programs regarding hazards of chemicals and protective measures from these hazards.
- **FDA Medical Device Reporting Policy in accordance with 21 CFR § 803 et al.** A Medical Device Reporting Plan is a written policy that your service enacts if there is a device-related malfunction, injury or death. A medical device is any item that is used for the diagnosis, treatment, or prevention of a disease, injury, or other condition. The FDA requires that any adverse event resulting from a medical device must be reported using the FDA MEDWATCH Form 3500A no later than 30 calendar days after the day that you become aware of a reportable event.
- **Respiratory Protection Plan in accordance with 29 CFR § 1910.134(c).** A Respiratory Protection Plan is your company’s written policy and procedure for controlling the exposure of your employees to occupational diseases caused by breathing contaminated air. In this plan, you will determine your employees’ inherent risk and those engineering controls, such as personal protective equipment, that you will supply. This plan must address your service and you should choose only those respirators specific to your employees’ potential exposure and needs. Your company must provide a methodical process for ensuring employees are medically cleared and appropriately fitted for respirator use.

- **Employee Orientation Plan:** Each service should establish and maintain a comprehensive employee orientation plan that details the elements defined in **COMAR 30.09.07.02D**. Documentation of completion of employee orientation programs must be maintained in employee personnel records.
- **Complaint Policy:** A Complaint Policy is a procedural plan that will be implemented if a customer, healthcare facility, employee or any other citizen that comes in contact with your service is dissatisfied. This complaint can be made through a written or verbal medium. COMAR 30.09.09.04 requires that all commercial ambulance services have a written complaint policy in order to maintain licensure. Complaint policies must include language that demonstrates compliance with COMAR 30.09.08.06 and 30.09.09.04.
- **Mechanical Failure Policy:** A Mechanical Failure Policy is a written procedure for your employees to follow if a service vehicle breaks down or has a mechanical failure that renders the vehicle unfit or unsafe for use. This policy should address how to handle a mechanical failure with and without a patient onboard. The policy should guide EMS providers in the absence of management on the appropriate procedures to follow to protect the patient. This policy should follow the requirements of COMAR 30.09.02.02
- **Quality Assurance Plan:** Each commercial service must develop and maintain a Quality Assurance (QA) Plan, that is approved by the service Medical Director in accordance with COMAR 30.03.04.02. This plan is an organized method of auditing and evaluating care provided within an EMS system. Each QA Plan must designate a QA Officer, established in accordance with COMAR 30.03.04.08, who institutes the plan within your organization, and must also designate a service Medical Review Committee (MRC).

The service **QA Officer** is designated by the service Medical Director, and is responsible for:

- Implementation of the service QA plan;
- Development of strategies for quality improvement;
- Service on the Medical Review Committee;
- Tracking and investigation of customer complaints;
- Execution of remedial action plans for individual medical practice and system variances as directed by the Medical Review Committee;
- Completion and submission of reports to MIEMSS as required under COMAR 30.03.04; and
- Ensuring that matters regarding Advanced Life Support providers are delegated to a member of the Medical Review Committee who is an Advanced Life Support provider for review if the QA Officer is certified as an EMT.

MIEMSS requires that Quality Assurance (QA) Officers complete a MIEMSS approved QA Officer course within 6 months of assuming the position. Alternatively, an individual may be designated as a service QA Officer if they have been serving in the position for a period of at least 5 years, and have successfully completed a QA Officer continuing education course annually. Contact SOCALR for information regarding upcoming QA Officer Course information.

As part of the QA plan, your organization must verbally inform SOCALR within 72 hours, and complete a 5-day and 35-day written report to notify MIEMSS upon the discovery of an incident. In accordance with COMAR Title 30, the service Medical Review Committee must review the issue and determine the appropriate course of action. It is the duty of the Medical Review Committee to carry out the quality assurance plan with the participation of the service Medical Director.

- **Medical Review Committee Designation Form.** A Medical Review Committee is required in accordance with COMAR 30.03.04.03. It is the duty of the Medical Review Committee to carry out the quality assurance plan with the participation of the service Medical Director.

New Service Application Checklist

(Submit this checklist with application)

Please use this checklist to ensure all required information and documents are included with application submission.

- Application form with all required fields completed (Pgs. 5-12)

Required Attachments:

Administrative:

- DAT registration confirmation (Certificate of Good Standing)
- CLIA Certificate - Required for ALS, SCT and NEO services, and BLS services applying for the Glucometer OSP. (Proof of CLIA application may be submitted with application for licensure)
- General liability policy
- Workman's compensation policy
- Commercial motor vehicle liability policy
- Legible copies of government issued identification for the following individuals:
 - Service Owner(s)
 - Service Medical Director(s)
 - Service Operations Manager
 - Service QA Officer
 - Service ALS Coordinator

Personnel / Medical Director:

- Medical Director(s) Curriculum Vitae
- Current copy of Medical Director's Maryland Physician License
- Medical Director(s) DEA Registration Certificate (ALS/SCT/NEO Only)
- Medical Director(s) Maryland CDS Registration Certificate (ALS/SCT/NEO Only)
- Personnel list – include provider's name, provider ID #, level of certification, and expiration date
- If SCT level license:
 - A complete list of registered nurses that will be on staff
 - A complete list of SCT medications approved by the service SCT Medical Director

Vehicles:

- Current vehicle registrations
- Current MD state vehicle inspection certificates or certificate of origin if < 1 year from manufacture date
- Verify Emergency vehicle application (VR-026)
- Photograph or diagram detailing vehicle markings

Service Policies and Procedures:

- Exposure Control Plan
- Hazardous Communication Plan
- FDA medical device reporting policy
- Respiratory Protection Plan
- Employee Orientation Plan
- Complaint Policy
- Mechanical failure policy
- QA plan

COMPANY INFORMATION

Name of Commercial Ambulance Service (registered with the Maryland DAT):	
<i>SOCALR may deny licensure to an applicant whose name is confusingly similar to another doing business in Maryland</i>	
Type of License Requested: (check all that apply)	
<input type="checkbox"/> Basic Life Support (BLS) Service <input type="checkbox"/> Advanced Life Support (ALS) Service <input type="checkbox"/> Specialty Care Transport (SCT) Service <input type="checkbox"/> Neonatal Service	
CLIA Number: (if applicable)	Federal Tax Identification Number:
Name/Title of Person to Contact Regarding this Application:	Primary Phone:
Cell Phone:	Email Address:
Physical Address of Main Office	
Street Address:	Suite/Apt. Number:
City, State, Zip Code:	Office Phone Number:
Ambulance Service Website:	Fax Number:
Mailing Address – if different from physical address	
Street Address or PO Box:	Suite/Apt. Number:
City, State, Zip Code:	
Storage Address	
Are any licensed vehicles stored at a location other than the main office?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If so, complete the space below for storage address. Attach additional pages if necessary.	
Address:	Telephone Number:
City, State, Zip Code:	How Many Vehicles at Location?
Additional Offices	
Are there any additional office locations that are different than the main office?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If so, complete the space below for additional offices. Attach additional pages if necessary.	
Address:	Telephone Number:
City, State, Zip Code:	Fax Number:

Trade Names

*List ALL current or former trade names registered with the Maryland Department of Assessment and Taxation.
Attach additional pages if necessary.*

1.	4.
2.	5.
3.	6.

Name of Resident Agent (RA) on file with the Charter Division of Maryland Department of Assessments and Taxation:

Street Address:		City, State, Zip Code:
RA Phone:	RA Cell:	RA Email Address:

Proprietors/Partners/Owners

List ALL persons or entities which >/+= 1% ownership. Percentage of ownership shall total 100%.
*Attach additional pages if necessary.

Name of Proprietor/Partner: (Last, First)	Percentage of Ownership:
Home Street Address, City, State and Zip Code:	Date of Birth:
Name of Proprietor/Partner: (Last, First)	Percentage of Ownership:
Home Street Address, City, State and Zip Code:	Date of Birth:
Name of Proprietor/Partner: (Last, First)	Percentage of Ownership:
Home Street Address, City, State and Zip Code:	Date of Birth:
Name of Proprietor/Partner: (Last, First)	Percentage of Ownership:
Home Street Address, City, State and Zip Code:	Date of Birth:

Medical Director

Name: (Last, First)		Maryland Physician License #:
Address:		Suite/Apt. Number:
City, State, Zip Code:		Email Address:
Telephone Number:	Cell Telephone Number:	Fax Number:
Associate Medical Director Name: <i>(if applicable)</i>		Responsibilities:
Has the Medical Director(s) approved and signed the Medical Director Agreement? <input type="checkbox"/> No <input type="checkbox"/> Yes		Has the Medical Director(s) approved and signed the Quality Assurance Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is the Medical Director's Curriculum Vitae (CV) attached to this document? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Attestation		
Have you, any of the principals, owners, operators, managers, or any person in this application ever been suspended from Medicare or Medicaid, indicted for, or convicted of Medicare or Medicaid fraud or any other crime? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, attach an additional documentation including person's name, title, and details of the event.		
Denied or Revoked: Have you, any of the principals, owners, operators, managers, or any person in this application ever owned, operated or had a financial interest (directly or indirectly) in any application or license for any Taxi, Limo, Livery, Ambulette, Invalid Coach, Mobility Assistance Vehicle, BLS Ambulance, ALS Ambulance or Other Health Care Service or any other business which was denied, revoked, suspended, under indictment for or convicted of Medicare and/or Medicaid fraud or any other crime? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, attach an additional sheet that includes: person's name, title, address of the service and details of the event.		
Owner's Certification		
By my signature below I hereby affirm under the penalties of perjury that;		
(a) There has been no attempt for the purpose of obtaining or attempting to obtain a license, to knowingly and willfully: <ul style="list-style-type: none"> (i) Falsify, conceal, or omit a material fact, (ii) Make any false, fictitious, incomplete, or fraudulent statements or representations, (iii) Make or use any false writing document, or entry knowing the same to contain any false, fictitious, fraudulent statement, and 		
(b) The signer is authorized by the commercial ambulance service identified on the application to sign the application form to execute the sworn statement.		
Name of Applicant: (Last, First)		Title:
Signature:		Date:

MEDICAL DIRECTOR AGREEMENT

I, the undersigned physician, acknowledge that I have received and reviewed copies of the: (a) Commercial Ambulance Services regulations (COMAR 30.09); (b) Emergency Medical Services Operational Programs regulations (COMAR 30.03) and; (c) "Maryland Medical Protocols for Emergency Medical Providers", which is a document incorporated by reference in Title 30. I further attest that I meet the qualifications of an EMS Operational Program Medical Director as stated in COMAR 30.03.03B and agree to serve as Medical Director for

_____ upon its licensure as a(n) _____
(Name of ambulance service) (BLS / ALS / Neo / SCT)

commercial ambulance service in accordance with the requirements of COMAR 30.09.

Furthermore, I agree to assume the following physician responsibilities as outlined in COMAR 30.03.03, including:

- (a) Medical oversight of patient care, (COMAR 30.03.03C (1) (a)).
- (b) Approve, participate in and provide medical expertise for the commercial ambulance service in:
 - (i) A comprehensive quality assurance plan covering all aspects of EMS patient care (COMAR 30.03.03C(1)(b)(i));
 - (ii) Standard operating procedures for the EMS operational program under the "Maryland Medical Protocols for Emergency Medical Providers" (COMAR 30.03.03C(1)(b)(ii));
 - (iii) Credentialing of EMS providers (COMAR 30.03.03C(1)(b)(iv));
 - (iv) Review and approval of medical equipment used by the commercial ambulance service (COMAR 30.03.03C(1)(b)(v)); and
 - (v) All aspects of the commercial ambulance service operations which impact patient care, including planning, development and operations (COMAR 30.03.03C(1)(b)(vi)).
- (c) Timely approval of applications to MIEMSS for licensure and certification and renewal of licensure and certification for all EMS providers affiliated with the above named commercial ambulance service, (COMAR 30.03.03C91)(c)).
- (d) Provider training including:
 - (i) remedial and continuing educational programs (COMAR 30.03.03C(1)(iii)); and
 - (ii) skills review which meets the provider recertification and relicensing requirements (COMAR 30.09.07.02E(2)).
- (d) Review patient care disciplinary matters concerning EMS providers working for the commercial ambulance service. (COMAR 30.03.03C(1)(d)).

I agree to notify the State Office of Commercial Ambulance Licensing and Regulation of any change in address or telephone number and to notify the State Office of Commercial Ambulance Licensing immediately upon termination of my status as Medical Director for the above named service, as required in COMAR 30.09.

I acknowledge that all medical direction to the EMS providers of the above named commercial ambulance service, shall be in accordance with the "Maryland Medical Protocols for Emergency Medical Services Providers" (COMAR 30.03.03.02).

Required attachments:

- Medical Director's Curriculum Vitae (CV).**
- Submit a copy of the Medical Director's Physician's License.**
- If your service is seeking a level higher than BLS, you must submit the Medical Director's CDS and DEA registrations.**

Medical Director's Signature

Printed Name of Medical Director

Date

***This agreement expires at the end of each service year, or when there is a change in personnel. Service license renewal requires the submission of a newly signed agreement annually.**



MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES

State Office of Commercial Ambulance Licensing and Regulation

Street, Baltimore, MD. 21201 Office: (410) 706-8511 Fax: (410) 706-8552



QUALITY ASSURANCE OFFICER DESIGNATION FORM

Date: _____ Commercial Service License #: _____

Company Name: _____

Company Address: _____

Mailing Address

City

State

Zip Code

Office Phone #: _____ Office Fax #: _____

Name: _____

Last

First

MI

E-Mail Address: _____

MIEMSS Provider #: _____ Certification Level:

EMT

CRT

Paramedic

Successfully completed a QA Officer Course? Yes No When: _____

Signature: _____ Date: _____

QA Officer Signature

COMAR 30.03.04.08

.08 QUALITY ASSURANCE OFFICER.

A. Each EMS operational program shall designate a Quality Assurance (QA) Officer in concurrence with the EMS operational program medical director.

B. Qualifications of an EMS operational program Quality Assurance Officer. An EMS operational program Quality Assurance Officer shall:

(1) Be certified or licensed as an EMT, CRT or Paramedic in Maryland;

(2) Either:

(a) Successfully complete a QA officer course as defined by MIEMSS within six months of designation; or

(b) Have been serving as a Quality Assurance Officer for an EMS operational program for a period of at least 5 years; and

(3) Successfully complete a Quality Assurance Officer continuing education course annually.

C. Duties of an EMS operational program QA Officer:

(1) Implementing the EMS operational program quality assurance plan under Regulation .02 of this chapter;

(2) Serving as a member of the EMS operational program Medical Review Committee;

(3) Internal audits of medical records and field evaluations to develop strategies for improvement;

(4) Remedial action plans for individual medical practice and system variances as directed by the Medical Review Committee;

(5) Tracking and investigating customer complaints and sentinel events;

(6) Completing reports to MIEMSS as required under COMAR 30.03.04; and

(7) Ensuring that issues regarding Advance Life Support providers are delegated to a member of the Medical Review Committee who is an Advance Life Support provider for review if the QA officer is certified as an EMT.

MEDICAL DIRECTOR'S APPROVAL

I have reviewed the above COMAR Regulation for Quality Assurance Officer and do hereby affirm that the above person meets the Qualifications and is authorized to perform all duties as defined in COMAR 30.03.04.08 in addition to our company's individual Quality Assurance Plan.

Signature: _____ Date: _____

Medical Director's Signature

***This agreement expires at the end of each service year or when there is a change in personnel. Service license renewal requires the submission of a newly signed agreement annually.**

