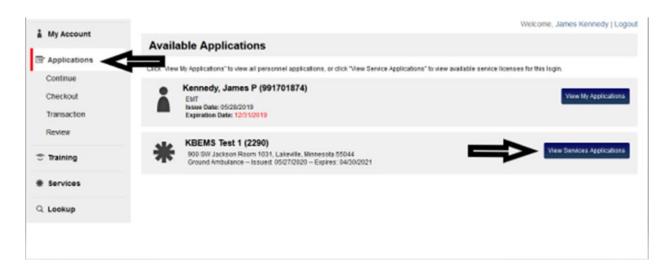
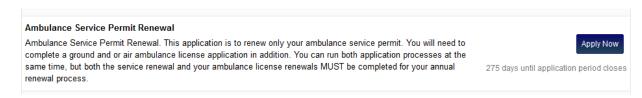
Ambulance Service Permit Renewal

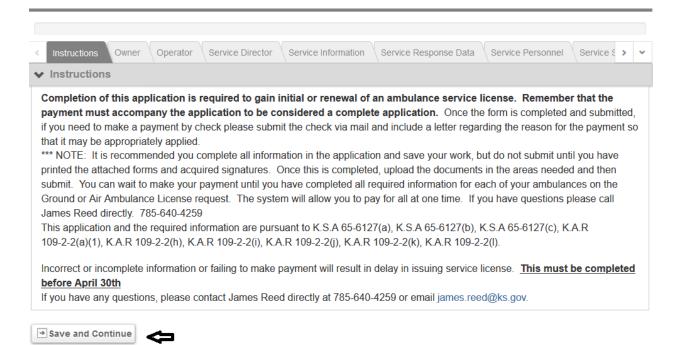
Renewal applications are only available in the KBEMS Portal from April 1st through April 30th of each year. All ambulance services must renew their Service Permit each year. Services applications are normally only available to Service Directors, Assistant Service Directors, and those in a designated Administrative Position. To view services applications, click "Applications" and then "View Services Applications" for your Service.



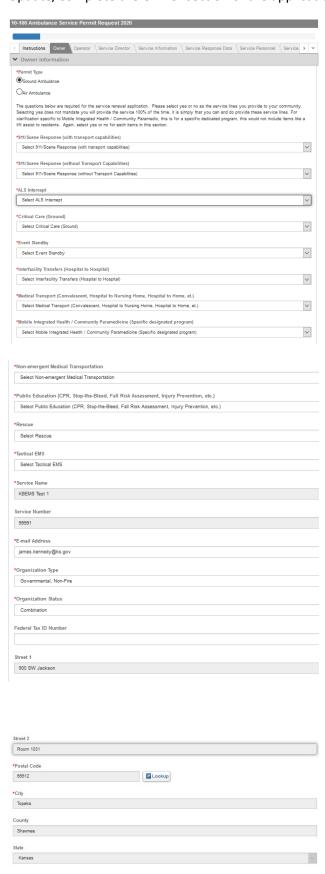
To access the "Ambulance Service Permit Renewal" Application, click "Apply Now" next to that application in the Service Applications section of the portal.



Click Save and Continue as you complete each page.



Update/Complete the Owner section of the application:



785 - 296 - 6209 Fax *Owner Name Street 1	
Owner Name	
treet 1	
itreet 1	
Street 2	
Postal Code	
✓ Lookup	
City	
State	
Select State	`
Phone	
Fax	
Owner Email	

Don't Forget to Click "Save And Continue" at the end of the page.

If the Operator of the Service is different than the Owner, Complete the Operator Section"

➤ Operator Information					
*Does the owner of the service also operate the service? OYes					
●No					
Operator Name					
Operator Address 1					
Operator Address 2					
Operator City					
Operator State					
Operator Postal Code					
Operator Phone Number					
Operator Email address					
*Is the ambulance service owned by a corporation? OYesONo					
→ Save and Continue					

If the service is owned by a corporation, complete and attach that form:

On the form provided, please complete the requested information regarding Corporation information here in the application, as it is a fillable pdf. form must be printed for a signature from a corporate officer. You may save it as a document on your computer and upload it in the area provide below. The document type will be indicated as "Supporting Documentation".

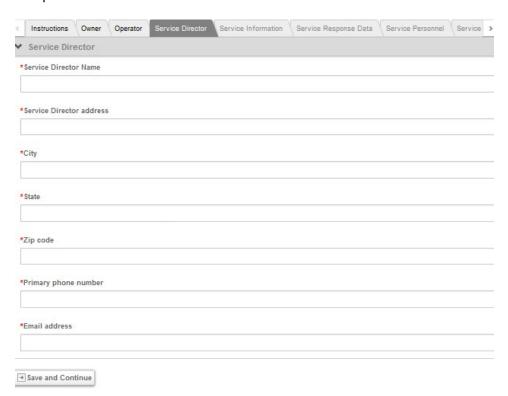
Corporate Information upload

Click Corporate Information to complete the required form. After you are completed with the form, make sure that once you have uploded the f click add prior to save and continue.

Corporate Information



Complete the Service Director Information:



Complete the Service Revenue/Expense Section:

➤ Service Revenue / Expense
Please complete the following questions for your service or agency.
Answers are to be completed in a dollar format 0000.00
Please do not use commas or you will encounter validation errors.
*What was the service's tax subsidy for the previous year?
*What was the previous years revenue (user fees) collected?
Previous years revenue include Medicare, Medicaide, third party insurance or private payments. This does not include donations or tax subsidies
*Other revenue collected (i.e. Capital equip., gifts, endowments etc.)
*What were the total expenditures for the previous year?
Note: Fire Departments, this is only in regards to your EMS budget.
What are your current charges for the following: The following information is to be represented in dollar amounts. If there is no charge it will be represented by 0.00
*BL\$ Non-Emergency
*BL\$ Emergency
and and general
*BL\$ Mileage Charge
*ALS, Level 1 Non-Emergency
*ALS, Level 1 Emergency
*ALS Mileage Charge
*Fixed wing base rate
*ALS, Level 2
nLu, Level 2
*Specialty Care Transport
*Fixed wing Mileage
*Rotor wing Base Rate
*Rotor wing Mileage
*Mileage rates are based upon:
Select Mileage rates are based upon:
Nose your senies shares for supplies?
*Does your service charge for supplies? Select Does your service charge for supplies?

→ Save and Continue

Complete the Service Response Data Section:

<	Instructions	Owner	Operator	Service Director	Service Information	Service Response Data	Service Personnel	Service >	I
~	➤ Service response data								
*	*Is your service ALS capable? (Personnel and equipment resources with ALS protocols are in place)								
	Select Is your service ALS capable? (Personnel and equipment resources with ALS protocols are in place)							~	,
ı	If YES to the above question, does your service have ALS capabilities for:								
	Select If YES to the above question, does your service have ALS capabilities for:								
(Oyes Ono			rea you serve?	evious calendar year?				
List all agencies that provide emergency medical services with your ambulance service. You MUST indicate if each of the agencies utilize your EMS Protocols. This includes all Fire Departments, Organized First Response or Industrial agencies etc In the box below, list each agency with protocol usage. Answer on separate lines for each agency.							е		
									-

◆ Save and Continue

...and the Service Personnel Section:

Constructions Country Operator Service Director Service Information Service Response Data Service Personnel S	ervic » v							
Service Personnel								
*Have you verified / updated your service roster in License Management public portal so that it reflects your ourrent staffing?								
Select Have you verified / updated your service roster in License Management public portal so that it reflects your current staffing?								
*Service Director								
Select Service Director	~							
*Assistant Service Director								
Select Assistant Service Director	~							
*Instructor Coordinator								
Select Instructor Coordinator	~							
*How many instructor Coordinators do you have in your service?								
Below, Indicate the total number of personnel in your service in the categories represented (Please include the Service Director and Assis	tant							
Director in your count). When indicating Volunteer, remember Volunteers receive no compensation, only reimbursement for expenses.								
*Total Full time personnel								
*Total Part time personnel								
◆Total Volunteer personnel								
*How many Allied Health personnel do you have in your service?								
Are all of your services Allied Health Personnel registered with the Kansas Board of EM8?								
O _{Yes} O _{No}								
*Does your service have adequate personnel resources?								
Select Does your service have adequate personnel resources?	~							

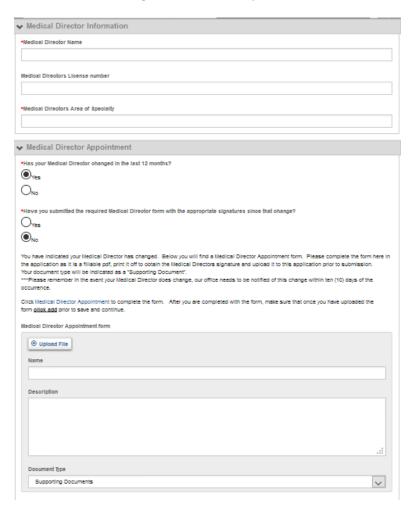
Save and Continue

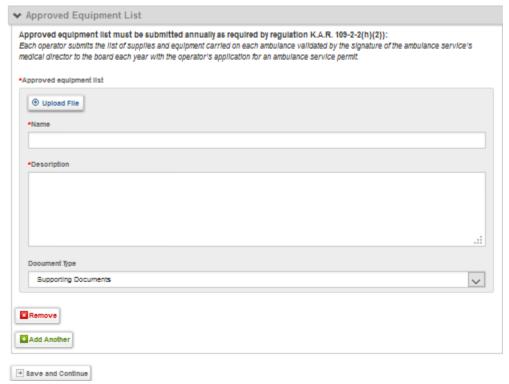
And the Service Survey (some questions only appear as a result of Yes answers to certain questions).

< on	Service Response Data	Service Personnel	Service Survey	Medical Director Appointment / Approved Equipment list	EMS Protocol				
➤ Service Survey									
	*Is your service involved with the EMS Regional Council? OYesONo								
	*Does your service receive any type of resources from the Regional EMS Council?								
	*Does your service have adequate access to training opportunities and resources?								
	*Are you satisfied with the knowledge of newly certified attendants? Oyes No								
	*Does your service utilize blood glucose monitoring (BGM)? •YesONo								
	*Does your service have a current Clinical Laboratory Improvement Amendment (CLIA) waiver for BGM? OyesONo								
*Wer •Ye		mbulances involved	in any MVC's in th	e past 12 months?					
Was Oye ONo									
Was Oye ONo									

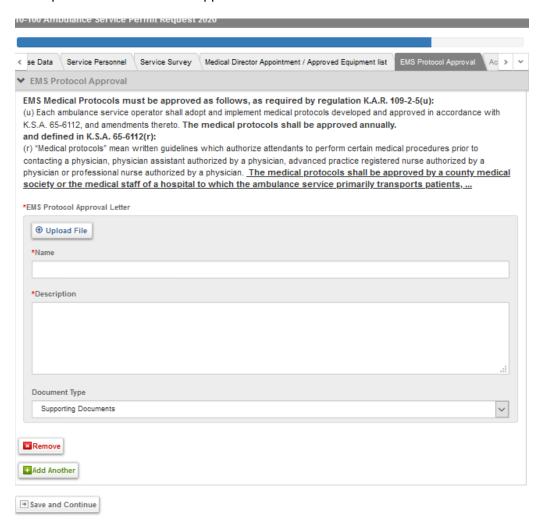
→ Save and Continue

Enter the Medical Director Information. If the Medical Director has changed and you have not yet submitted the Medical Director Assignment form, complete and attach that form as well as the approved equipment list.





Also upload the EMS Protocol Approval Letter:



Enter your initials and password and click "Submit" to complete the application.

