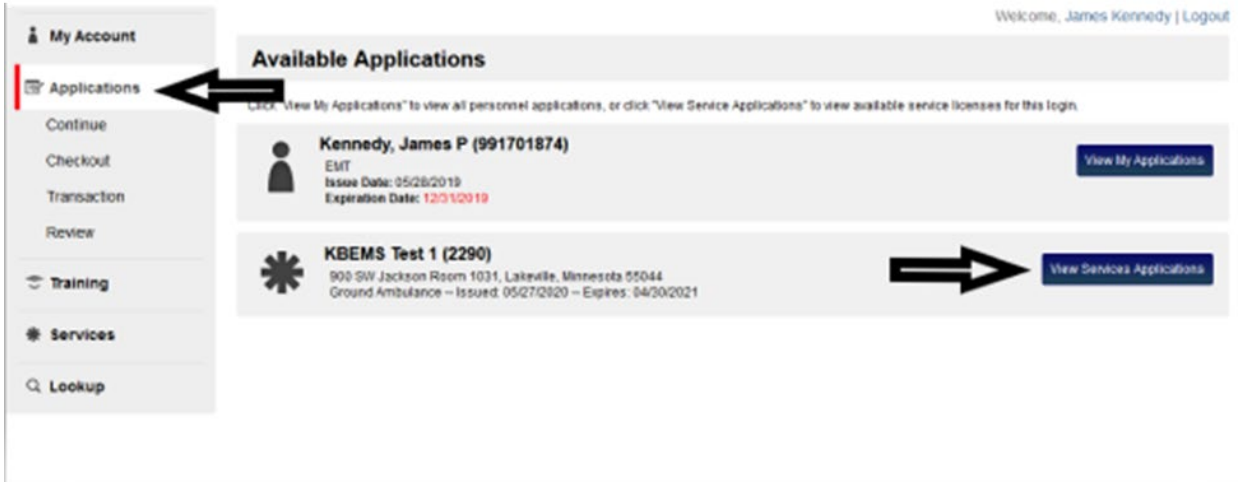
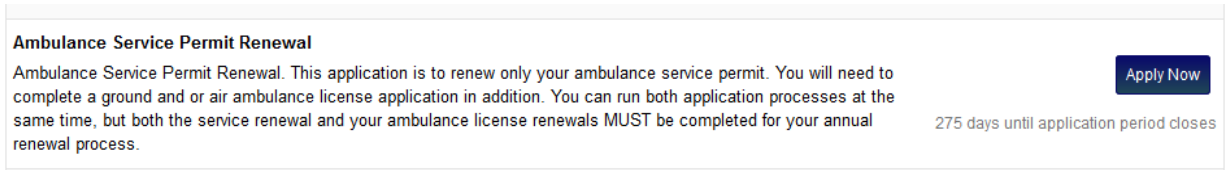


Ambulance Service Permit Renewal

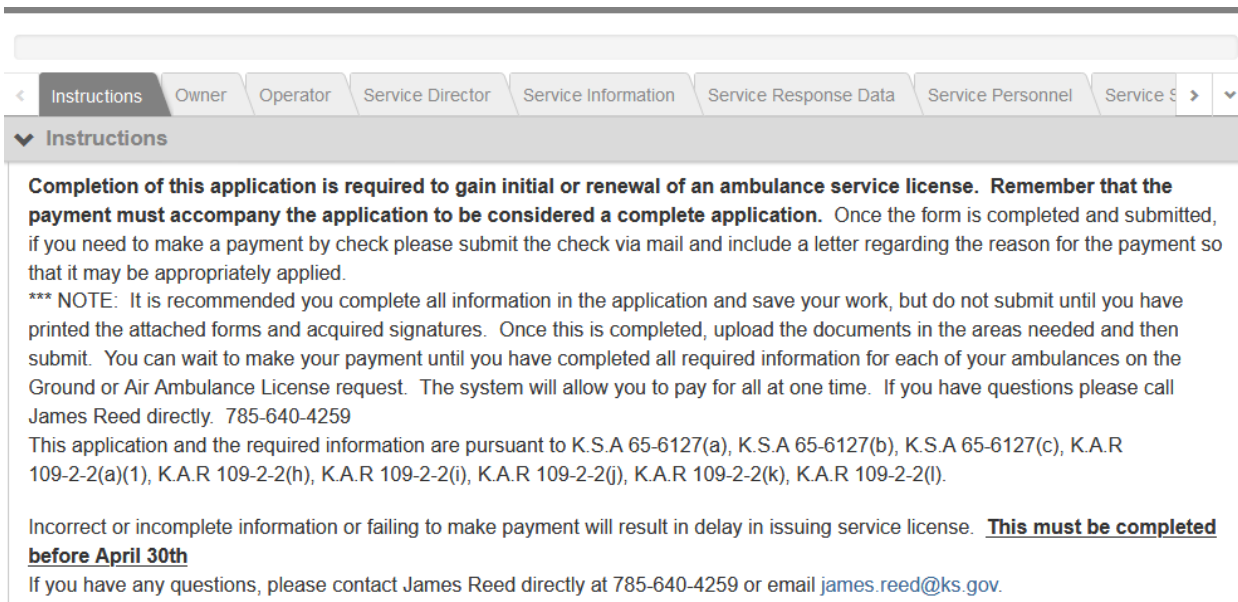
Renewal applications are only available in the KBEMS Portal from April 1st through April 30th of each year. All ambulance services must renew their Service Permit each year. Services applications are normally only available to Service Directors, Assistant Service Directors, and those in a designated 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:

10-100 Ambulance Service Permit Request 2020

Instructions Owner Operator Service Director Service Information Service Response Data Service Personnel Service

Owner information

*Permit Type
 Ground Ambulance
 Air Ambulance

The questions below are required for the service renewal application. Please select yes or no as the service lines you provide to your community. Selecting yes does not mandate you will provide the service 100% of the time, it is simply that you can and do provide these service lines. For clarification specific to Mobile Integrated Health / Community Paramedic, this is for a specific designated program, this would not include items like a lift assist to residents. Again, select yes or no for each item in this section.

*911/Scene Response (with transport capabilities)
Select 911/Scene Response (with transport capabilities)

*911/Scene Response (without Transport Capabilities)
Select 911/Scene Response (without Transport Capabilities)

*ALS Intercept
Select ALS Intercept

*Critical Care (Ground)
Select Critical Care (Ground)

*Event Standby
Select Event Standby

*Interfacility Transfers (Hospital to Hospital)
Select Interfacility Transfers (Hospital to Hospital)

*Medical Transport (Convalescent, Hospital to Nursing Home, Hospital to Home, etc.)
Select Medical Transport (Convalescent, Hospital to Nursing Home, Hospital to Home, etc.)

*Mobile Integrated Health / Community Paramedicine (Specific designated program)
Select Mobile Integrated Health / Community Paramedicine (Specific designated program)

*Non-emergent Medical Transportation
Select Non-emergent Medical Transportation

*Public Education (CPR, Stop-the-Bleed, Fall Risk Assessment, Injury Prevention, etc.)
Select Public Education (CPR, Stop-the-Bleed, Fall Risk Assessment, Injury Prevention, etc.)

*Rescue
Select Rescue

*Tactical EMS
Select Tactical EMS

*Service Name
KBEMS Test 1

Service Number
99991

*E-mail Address
james.kennedy@ks.gov

*Organization Type
Governmental, Non-Fire

*Organization Status
Combination

Federal Tax ID Number

Street 1
900 SW Jackson

Street 2
Room 1031

*Postal Code
00012 Lookup

*City
Topeka

County
Shawnee

State
Kansas

*Phone
785 - 296 - 6209 Ext:

Fax
 - -

*The Ownership Information in the License Management Portal is Correct.
 Yes No

If the Ownership information in the portal is correct, Click Yes. If not, click No to update the information:

*Owner Name

*Street 1

Street 2

*Postal Code

City

State
Select State

*Phone
 - -

Fax
 - -

*Owner Email

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

Instructions Owner **Operator** Service Information Service Personnel Service Survey E

Operator Information

*Does the owner of the service also operate the service?
 Yes No

If the owner of the service also operates the service, click Yes. If not, click No and complete the Operator section:

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?**

Yes No

If the ambulance service is owned by a corporation, download the Corporate Information form (PDF), complete and Upload the file:

On the form provided, please complete the requested information regarding Corporation information here in the application, as it is a fillable pdf. The 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 provided 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 uploaded the form [click add](#) prior to save and continue.

Corporate Information

 Upload File

Name

Document Type

Select Document Type 

 Remove

 Add Another

Click Save and Continue.

 Save and Continue

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, Medicaid, 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

*BLS Non-Emergency

*BLS Emergency

*BLS Mileage Charge

*ALS, Level 1 Non-Emergency

*ALS, Level 1 Emergency

*ALS Mileage Charge

*Fixed wing base rate

*ALS, Level 2

*Specialty Care Transport

*Fixed wing Mileage

*Rotor wing Base Rate

*Rotor wing Mileage

*Mileage rates are based upon:

*Does your service charge for supplies?

Complete the Service Response Data Section:

< Instructions Owner Operator Service Director Service Information **Service Response Data** Service Personnel Service >

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) ▼

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: ▼

*Did your service report to the KEMSIS System for the previous calendar year?

Yes

No

*What is the total population in the area you serve?

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.

Save and Continue

Click "Save and Continue"

Complete the Service Personnel Section:

Instructions | Owner | Operator | Service Information | **Service Personnel** | Service Survey | EMS Protocol/Policies Approval | Acknowledgement

Service Personnel

Per Kansas Regulations, Each operator must notify the board of each addition or removal of a provider from the provider roster within seven days of the addition or removal. This is done by updating your personnel roster in the portal.

*Have you verified / updated your service roster in License Management public portal so that it reflects your current staffing?

Yes No

Below, indicate the total number of personnel in your service in the categories represented (Please include the Service Director and Assistant 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 that are not EMS certified?

Are all of your services Allied Health Personnel registered with the Kansas Board of EMS?

Yes No

All Allied Health Personnel must have an account in the Board of EMS Licensure Portal. All new Allied Health Personnel must submit an Allied Health Personnel Application. Any Allied Health Personnel with a expiration date prior to the current date should submit an Allied Health License Update application.

Click "Save and Continue"

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

Instructions | Owner | Operator | Service Information | Service Personnel | **Service Survey** | EMS Protocol/Policies Approval | Acknowledgement

Service Survey

*Does your service carry controlled substances?

Yes No

*Does your service hold its own DEA Registration (not under your medical director or hospital)?

Yes No

*Enter your DEA Registration Number

*Please briefly describe the security controls your service utilizes in the ambulances for proper storage of controlled substances.

*Do you stock controlled substances within your agency or station?

Yes No

*Have you had any thefts or diversions of controlled substances from your service in the previous 12 months?

Yes No

*Were any of your Service's ambulances involved in any MVC's in the past 12 months?

Yes No

*Was the MVC Injury?

Yes No

*Was the MVC Fatality?

Yes No

***Below involves Non-injury incidents only.

*How many non-injury motor vehicle collisions were your ambulances involved in last year?

What was the total cost for vehicle repair?

***Below involves Injury and Fatality incidents only.

*How many injury / fatality motor vehicle collisions were your ambulances involved in last year?

*Number of Care Providers injured?

*Number of Patients injured?

*Number of Care Provider fatalities?

*Number of Patient fatalities?

Number of estimated or actual days off from work for the recovery of the Care Provider(s)?

What was the total cost for vehicle repair/ replacement?

Number of individuals (not care providers or patient) in the ambulance at the time of the incident?

Number of individuals, not in the ambulance, at the time of the incident that were involved?

Click "Save and Continue".

Complete the EMS Protocol/Polices Approval section:

Instructions | Owner | Operator | Service Information | Service Personnel | Service Survey | **EMS Protocol/Polices Approval** | Acknowledgement

▼ EMS Protocol Approval

EMS Medical Protocols must be approved as follows, as required by Kansas Regulations:

Each ambulance service operator shall adopt and implement medical protocols developed and approved in accordance with Kansas Statutes, and amendments thereto

As defined in Kansas Statutes:

"Medical protocols" mean written guidelines which authorize attendants to perform certain medical procedures prior to contacting a physician, physician assistant authorized by a physician, advanced practice registered nurse authorized by a physician or professional nurse **authorized by a physician**.

*EMS Medical Protocols are Current and Approved as uploaded into the Board of EMS Licensure system?

Yes No

If current protocols have not been approved, upload a copy of the EMS Protocol Approval Letter:

*EMS Protocol Approval Letter

Name

Description

Document Type

EMS Protocol

If the Service EMS Current Policies are available in the License Management Portal, click "Yes". If not, click "No" and upload a copy of the current EMS Policies:

Each ambulance service operator shall develop and implement operational policies or guidelines, or both, that have a table of contents.

*Are current policies available in the License management portal?

Yes No

*EMS Policies

Name

EMS Policy

Document Type

EMS Policy

Click "Save and Continue".

Enter Today's Date and your password and click "Submit" to complete the application.

Instructions Owner Operator Service Information Service Personnel Service Survey EMS Protocol/Policies Approval Acknowledgement

▼ Acknowledgement

As the appointed representative of the organization, I assure and certify that the organization understands and is in compliance with the authority and requirements of an Ambulance Service as described in Kansas statutes annotated and Kansas administrative regulation. I declare under the penalty of perjury under the laws of the State of Kansas that the information provided in this application are true and correct to the best of my knowledge.

Enter the User Name and password of the Authorized Agent completing the form in the box below acknowledging the statement above.

*Today's Date

 Today

Username: James.Kennedy

Password:

Submit