



**ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**APPLICATION FOR GROUND AMBULANCE SERVICE
CERTIFICATE OF NECESSITY**

For EMS Use Only:

Control No. _____ CON No. _____

APPLICATION FORM

I. IDENTIFICATION

Legal business or corporate name

Identifying Name (DBA)

Mailing address

Physical address if different

Telephone number

Facsimile number

II. MANAGEMENT

Provide the following for each applicant and individual responsible for managing the ground ambulance service:

NAME	TITLE	ADDRESS	TELEPHONE NUMBER

Provide the following for the business representative or designated manager:

NAME	TITLE	ADDRESS	TELEPHONE NUMBER

Provide the following for the individual to contact to access the ground ambulance service's records required in R9-25-910:

NAME	TITLE	ADDRESS	TELEPHONE NUMBER

Provide the following for the statutory agent for the ground ambulance service, if applicable:

NAME	TITLE	ADDRESS	TELEPHONE NUMBER

III. CLASSIFICATION

Type of Business	Proprietary ___ Sole proprietorship ___ Partnership ___ Corporation for profit ___ Limited liability corporation ___ Other _____	Non-profit ___ Corporation ___ Other _____	Governmental ___ State ___ County ___ Municipal
	Level of Service: ___ Advanced Life Support	___ Advanced Life Support & Basic Life Support	___ Basic Life Support
Type of Service	___ Immediate Response Transport	___ Interfacility Transport	___ Convalescent Transport
			___ 24 hrs/7 days a week ___ Other (explain in detail on an attached sheet)

IV. MEDICAL DIRECTION/COMMUNICATION

Provide the following for each base hospital or centralized medical direction communications center:

NAME	ADDRESS	TELEPHONE NUMBER

Provide the following for the ground ambulance service's dispatch center:

ADDRESS:	TELEPHONE NUMBER:

Provide the following for each suboperation station located within the proposed service area:

ADDRESS:	TELEPHONE NUMBER:

Provide a description of the communication equipment to be used in each:

Ground ambulance vehicle:
Suboperation station:

V. AMBULANCES

	Make of Vehicle	Year		Make of Vehicle	Year
1			6		
2			7		
3			8		
4			9		
5			10		

VI. AMBULANCE ATTENDANTS

Arizona Certified EMTs				First Responders operating under the provisions of ARS § 36-2202	Physicians licensed under Title 32, Chapter 13 or 17	Professional Nurses licensed under Title 32, Chapter 15	
BEMT	IEMT	PARA	Total			Prehospital Care	Interfacility Transport

PROVISION OF ALS SERVICES

For an applicant seeking to provide ALS, the following information, required as part of the application packet, is attached:

1. A current written contract for ALS medical direction; and
2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b).

INFORMATION REQUIRED AS PART OF THE APPLICATION PACKET

The following information, required as part of the application packet, is attached:

1. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant's proposed service area;
2. A statement of the proposed general public rates;
3. A statement of the proposed charges;
4. The applicant's proposed response times, response codes, and response-time tolerances for each scene locality in the proposed service area, based on the following:
 - a. The population demographics within the proposed service area,
 - b. The square miles within the proposed service area,
 - c. The medical needs of the population within the proposed service area,
 - d. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area,
 - e. The available routes of travel within the proposed service area,
 - f. The geographic features and environmental conditions within the proposed service area, and
 - g. The available medical and emergency medical resources within the proposed service area;
5. A plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area;
6. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and
7. Whether an applicant or a designated manager:
 - a. Has ever been convicted of a felony or a misdemeanor involving moral turpitude,
 - b. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision, or
 - c. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

DOCUMENTS REQUIRED AS PART OF THE APPLICATION PACKET

The following documents, required as part of the application packet, are attached:

1. A description of the proposed service area by any method specified in A.R.S. § 36-2233(E) and a map that illustrates the proposed service area;
2. A projected Ambulance Revenue and Cost Report;
3. The financing agreement for all capital acquisitions exceeding \$5,000;
4. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses;
5. Any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)1) and 36-2234(K);
6. The information and documents specified in R9-25-1101, if the applicant is requesting to establish general public rates;
7. Any subscription service contract under A.R.S. §§ 36-2232(A)(1) and 36-2237(B);
8. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and R9-25-909;
9. A surety bond if required under A.R.S. § 36-2237(B); and
10. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service.

APPLICATION FILING FEE

A \$100 application filing fee for an initial certificate of necessity, required as part of the application, is attached with the application packet.

ACKNOWLEDGMENT/SIGNATURE

I hereby certify, under penalty of perjury, that

- * I am duly authorized and qualified to act for or on behalf of the applicant(s) submitting this application.
- * The applicant is requesting to operate ground ambulance vehicles and a ground ambulance service in this State;
- * The applicant has received a copy of 9 A.A.C. 25 and A.R.S. Title 36, Chapter 21.1;
- * The applicant will comply with the Department's statutes and rules in any matter relating to or affecting the ground ambulance service; and
- * That the information and documentation contained in the application form, attached to the application form, submitted as part of the application packet, or submitted in any subsequent amendment or filing to this application has been compiled from records I have verified, and I know that the facts recited herein are true and correct.

Signature of the applicant or the applicant's designated representative

Date