

This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC HEALTH
LICENSURE UNIT
PO BOX 94986
LINCOLN, NE 68509-4986
800-422-3460 / 402-471-2159

APPLICATION FOR AN EMERGENCY MEDICAL SERVICE LICENSE
Please print or type all applicable sections (Signatures must be originals)

SECTION A – LEVEL OF SERVICE REQUESTING TO BE LICENSED					
	Basic Life Support		Transport Service		Non Transport Service
	Advanced Life Support		Transport Service		Non Transport Service

SECTION B – SERVICE INFORMATION			
Name of the service:			
Address:	Street/PO/Route:		
	City:	State:	Zip:

SECTION C – OWNER OPERATOR INFORMATION			
Owner Name			
Services Contact Person			
Address	Street/PO/Route:		
	City:	State:	Zip:
Telephone Number	Day	Evening	

SECTION D – MEDICAL DIRECTOR INFORMATION			
Name of Medical Director			
License Number:			
Address	Street/PO/Route:		
	City:	State:	Zip:
Telephone Number:			

SECTION E – ATTACHMENTS	
Applicants applying for a service license in Nebraska must attach the following:	
1	A listing of the names, certification levels and certification numbers members/employees of your service.
2	Your written agreement with a licensed basic life support service if the applicant does not own or lease an ambulance.
3	A description or map of your service area.
4	If you have modified the EMS Model Protocols or adopted different protocols, please attach a copy

SECTION F – VERIFICATION OF MEETING REGULATION STANDARDS	
BASIC LIFE SUPPORT SERVICE APPLICANTS	
By our signatures below, we certify that the above named service meets the standards defined in Section 12-003.04A through 12-003.04L of the Regulations Governing Emergency Medical Services, 172 NAC 12, for a Basic Life Support Service.	
OR	
ADVANCED LIFE SUPPORT SERVICE APPLICANTS	
By our signatures below, we certify that the above named service meets the standards defined in Section 12-003 and Section 12-004.04A through 12-004.04I of the Regulations Governing Emergency Medical Services 172 NAC 12.	
Signatures:	
Service Contact Person:	
Physician Medical Director:	
CONTROLLED SUBSTANCE REGISTRATION #:	
(The controlled substance registration number must be issued to the service. The service cannot use the Physician Medical Directors number. If you have questions, please call 800-422-3460 / 402-471-2299.	

All Applicants must complete this section:		
Has this organization provided Emergency Medical Services in Nebraska prior to licensure?	Yes	No
If yes, how many days have you provided Emergency Medical Services?		

I hereby certify that the preceding information is correct to the best of my knowledge.

Signature of EMS Officer

Date

SECTION H – FOR OFFICE USE ONLY				
Service inspected by:				
Date:		Inspection Results (Inspection Report Attached)	Pass	Fail
Board Approval			Yes	No
Date:				