



State of Nebraska

**Application for  
Licensure as an  
Emergency Medical  
Service Training Agency**

Department of Health and Human Services  
Division of Public Health – Licensure Unit  
PO Box 94986 – Lincoln, Nebraska 68509-4986  
(402) 471-0153 / (800) 422-3460 ext. 1-1

SECTION A – Level of Training Agency	
<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced

SECTION B – Training Agency Information			
Training Agency Name:			
Physical Address:	Street/Box/Route:		
	City:	State:	Zip:
Phone #:		Fax #	
E-Mail Address:			

SECTION C – Owner/Applicant Information			
Owner Name:			
Owner Type:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Limited Liability Company (1 member)	<input type="checkbox"/> Limited Liability Company (2 or more members)	
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Governmental Unit (City/County/State/U.S.)	
	<input type="checkbox"/> Other (Please list):		
If owner type is sole proprietorship, provide the owner's social security number:			
Address:	Street/Box/Route:		
	City:	State:	Zip:
Phone #:		Fax #	
E-Mail Address:			
Provide the name and daytime phone number of each person responsible for oversight of training agency operations.			
Name:		Phone #:	

<b>SECTION D – Physician Medical Director (PMD) Information</b>			
PMD Name:		License Number:	
Physical Address:	Street/Box/Route:		
	City:	State:	Zip:
Phone #:		Fax #	
E-Mail Address:			
<p>By signing below I acknowledge my authorities and responsibilities as Physician Medical Director (PMD) as stated in Nebraska Emergency Medical Services (EMS) Practice Act and the Nebraska Rules and Regulation Title 172 Chapter 13, which include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• The ultimate medical authority regarding course content, procedures, and protocols;</li> <li>• Acting as liaison between the training agency and the medical community;</li> <li>• Reviewing the quality of care rendered by the out-of-hospital emergency care provider student in the field, hospital, clinic, and/or physician's office(s);</li> <li>• Verifying student competence in the cognitive, affective and psychomotor domains; and</li> <li>• Reviewing all examinations.</li> </ul>			
Signature: _____		Date: _____	

<b>SECTION E – Documentation</b>
Provide a copy of the training agency's accreditation certificate as defined in 172 NAC 13-003.01, item 1, if applicable.
Provide a copy of the written agreement with the physician medical director.
Provide a copy of the written agreement with the hospital(s), clinic(s), and/or physician office(s) for clinical training of students for the level of training being conducted in accordance with the EMS courses as defined in 172 NAC 13-002.
Provide a copy of the written agreement with the licensed emergency medical service(s) for field experience for the level of training being conducted in accordance with the EMS courses as defined in 172 NAC 13-002.
Provide a listing of the names of persons who have financial interest in the school along with the percentage of interest held.
Provide a copy of the training agency's catalogue as defined in 172 NAC 13-003.01, item 12.
If applicable, file with the Department a good and sufficient surety bond in the penal sum of \$20,000. The bond must be executed by the applicant as principal and by a surety company qualified and authorized to do business in this state. The bond must be conditioned to provide indemnification for any student or enrollee or his/her parent or guardian determined by the Department to have suffered loss or damage as a result of any act or practice which is a violation of these regulations by the school and that the surety also must pay any final judgment rendered by any court of this state having jurisdiction upon receipt of written notification of the judgment from the Department. Regardless of the number of years that the bond is in force, the aggregate liability of the surety thereon must in no event exceed the penal sum of the bond. The bond must be continuous. Applicants who are accredited as defined in 172 NAC 13-002 and municipalities that are self-insured are exempt from the surety bond requirement.
A list of names of the primary instructor(s) and their level of licensure.

**SECTION F – Attestation**

*This section is to be completed by the owner(s)/applicant(s). For purposes of this application as outlined in 172 NAC 13-003.02, Item 11 (1) to (5), that would be:*

- *The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited liability company that has only one member; or*
- *Two of its members if the applicant is a limited liability company that has more than one member; or*
- *Two of its officers if the applicant is a corporation; or*
- *The head of the governmental unit having jurisdiction over the emergency medical service if the applicant is a governmental unit; or*
- *If the applicant is not an entity described above, the owner or owners or if there is no owner, the chief executive officer or comparable official.*

**Subsection 1** – I attest as follows:

*Check each box in acknowledgement.*

- That the training agency meets the standards for operating as defined in 172 NAC 13-004.
- That the training agency will admit individuals to EMS courses who meet the prerequisite requirements as identified in the EMS courses.
- That the training agency will utilize instructors who hold a certificate/license in or above the discipline that they are teaching or have demonstrated expertise in the subject matter being taught.
- That the training agency will teach EMS courses as defined in 172 NAC 13-002.
- That the training agency will provide adequate facilities, equipment, apparatus, supplies and staffing as required by the EMS course for each respective course as defined in 172 NAC 13-002.
- That the training agency will comply with local fire, building, health, and safety requirements, and be able to accommodate the educational requirements of the EMS courses being taught.
- That this training agency **has not** operated in Nebraska before submitting this application; **OR**
- That this training agency **has** operated for \_\_\_\_\_ days before submitting this application;
- That any owner who holds financial interest of 25% or more has not had a felony conviction; and
- That all statements on the application are true and complete.

***The Department may assess an administrative penalty in the amount of \$10 per day, not to exceed a total of \$1,000 for operating without a credential.***

**Complete Subsection 2 only if the owner is a sole proprietorship.**

**Subsection 2** – For the purposes of Neb. Rev. Stat. §38-129, I attest that I am:

*Check the appropriate box below.*

- A citizen of the United States; or
- An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.***