



Division of Public Health - Licensure Unit
 PO Box 94986
 Lincoln, Nebraska 68509
 Telephone: 402-471-0153
 Fax: (402) 742-1152 Attn: Jacye
 Email: jacye.lafayette-dymacek@nebraska.gov

RENEWAL NOTICE

Your license to operate as an Emergency Medical Service will expire on 12/31/2016. This document must be postmarked on or before 12/31/2016 to avoid the expiration of your license and removal of authorization to provide services. An administrative penalty of \$10 per day up to \$1,000 will be assessed for providing services after your license expires.

License #	<input type="text"/>	Select license type: <input type="checkbox"/> Transport <input type="checkbox"/> Non Transport
Name:	<input type="text"/>	
Address:	<input type="text"/>	

NAME & ADDRESS CHANGES: If your name or address is incorrect, provide the correct information above.

TWO YEAR RENEWAL

Service Contact Person:

Phone #:	Fax #
----------	-------

E-Mail Address:

Service Information

Service 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 here:

Owner Address:	Street/Box/Route:		
	City:	State:	Zip:

Phone #:	Fax #
----------	-------

E-Mail Address:

Provide the name(s) of each person responsible for oversight of service operations.

Documentation

- Provide a current roster of members/employees by updating the roster provided.
- Provide a copy of the emergency medical service controlled substance registration if operating as an advanced emergency medical service; and
- An Emergency Medical Service Quality Assurance Report, if not previously submitted; or
- Proof of current accreditation from the Commission on Accreditation of Medical Transportation Systems.

Physician Medical Director Information

PMD Name:		License Number:	
Physical Address:	Street/Box/Route:		
	City:	State:	Zip:
Phone #:	Fax #		
E-Mail Address:			

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 Statutes, Rules and Regulations Title 172 Chapter 12, which include, but are not limited to, those identified in 172 NAC 12-004.02A, 12-004.04A, 12-004.04B, 12-004.05C, 12-004.07, item 7, and 12-004.08.

SIGNATURE OF PHYSICIAN MEDICAL DIRECTOR

Attestation

This section is to be completed by the owner(s)/applicant(s). For purposes of this application as outlined in 172 NAC 12, Section 12-007.02, Item 1k (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:

1. That I have read the application or have had the application read to me; and
2. That all statements on the application are true and complete.

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 (*Check the appropriate box below*):

I am a citizen of the United States.

OR

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a non-immigrant lawfully present in the United States.

Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

NOTE: You may still be eligible for a license if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your certificate will not be renewed until such proof is received by our office and verified through the Department of Homeland Security (may take 4-6 weeks).

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____