



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Date:

Service License Number:

Name of Service:

Pursuant to the Mississippi Emergency Medical Service Act of 1974, Section 41 – 59 – 1 through Section 41 – 60 – 64 of the Mississippi Code 1972, as amended, each licensee shall pay fees set forth in sections 41 – 59 – 3 as said act. Any questions concerning this statement should be directed to the Bureau of Emergency Medical Services as soon as possible.

Categorical License: \$560.00 for each county of service area.	\$
Assessment: List Counties / Locations:	

Permit: \$280.00 for each vehicle permitted.	\$
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Amount Due: \$

As of October 1, 2023, all payment will be either Debit Card, Credit Card or Online Checking

Debit Card or Credit Card including a Processing Fee of \$3.00 and 2.2% of the overall total

Checking

Name on the Card:

Name on Account:

Complete Billing Address & Zip Code:

Complete Billing Address & Zip Code:

Card #:

Routing Number:

CCV #:

Expiration Date:

Account Number:

Card Type:



Mississippi State Department of Health
 Department of Emergency Medical Service
 P. O. Box 1700
 Jackson, MS. 39215 – 1700
Application for Service License

***** If you have multiple counties only fill this page out for each county. *****

Licenses Number:

Level:

Status:	County	Zip Code
Ownership Type & # of Units:	<input type="checkbox"/> Air	<input type="checkbox"/> Ground <input type="checkbox"/> Invalid
Owner Address & Phone Number:	Service Address & Phone Number:	
Operations Manager:	Assistant Operations Manager:	
Cell Phone Number:	Cell Phone Number:	
Email:	Email:	

Personnel	Full – Time	Part – Time	Volunteer	Total
Dispatcher				
Driver				
Basic				
Advance				
Paramedic				
Critical Care Medic				
RN				
Totals				

Primary Hospital	Address:
Dispatch: Dispatch Phone Number:	Do you have your own Dispatch? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, how are you dispatched?
	If Yes, Are your Dispatchers EMD Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dispatch Address:	

Verify the official Employee Roster: It is the responsibility of the Operation Manager to update the roster. The Operation Manager can log into the portal and make changes to the service roster on an as needed basis.

I certify that the information in this application and all attached documents is true and correct to the best of my knowledge.

Signature of Owner or Authorized Agent

Date

Return Completed Form To: Mississippi State Department of Health / Division of EMS
P. O. Box 1700 / Jackson, MS. 39215 – 1700

**JMCA
Jurisdictional Medical Control Agreement
Signature Verification Form**

Date:

License
No.:

Ambulance Service Name and Location:

Operations Manager:

Name: Please Print

Signature

Date

Additional Personnel that are approved to Sign JMCA's

Name: Please Print

Signature

Date

Name: Please Print

Signature

Date

Off – Line Medical Control:

Name: Please Print

Signature

Date

Application for Mississippi EMS Licensure Checklist

Please return all forms with the application

Name of Service:

- Communications:** Provide a description of communications capabilities
-
- Contact Information:** Provide addresses and phone numbers for all stations where ambulances may be located. Provide name, address and ALL phone numbers including cell number for Operations and base/station managers.
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- Employee Roster:** The Operations Manager can log into the portal and update the employee roster at any time.
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- Geographical Area:** Provide a description of the geographic response area. *(Include all areas of regular / reasonable mutual aid response)*
-
- Insurance Certificate:** Provide a Current Copy of Insurance and the company must be licensed to do business in the State of Mississippi. A certificate of insurance showing at least minimum coverage of all ambulances. **This Certification Must itemize units covered unless it is an “any auto” Policy.**
Certificate should be issued to: Mississippi State Department of Health – BEMS
P. O. Box 1700 / Jackson, MS. 39215 – 1700
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- JMCA signature verification form:** List all personnel that can sign the JMCA. They must sign this form.
-
- Medical Directors Information:** *Include CEA Certificate and Medical Licenses number for all Med Control Dr’s.)*
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- Payment for licensure fee** (invoice attached, correct / modify as needed)
-
- Proof of 24-hour coverage:** Staffing pattern provide 24-hour continuous service coverage including backup capabilities and affiliations with non-transporting service, where applicable. *(Attached a copy of a work schedule and provide a narrative of work schedule. Please indicate level of certification of all employees on the work schedule.)*
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- Protocols:** Provide a copy of your Medical Control Plan and Treatment Protocols, only if it is your three (3) year renewal.
If no changes, your medical control Dr. can write a letter advising that there are no changes.
If there are changes, put them in a spreadsheet format, listing the old protocol and the new protocol beside the old protocol. And a letter from your medical control Dr advising these are the only changes.
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- Service Representative Endorsements:** I hereby certify: that the forgoing statements are correct and true to the best of my knowledge; that the service is eligible for licensure / authorization in accordance with the Mississippi EMS Laws, Rules and Regulations (§41 – 59 – 11); the service possesses the required equipment as set forth in the Mississippi EMS Laws, Rules and Regulations; and that the personnel providing medical care on behalf of the service possess current and valid Mississippi EMS Certifications. I understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offence, and may be prosecuted as, among other offenses, unsworn falsification pursuant to MS §41 – 59 – 17 and may also result in disciplinary action against the service’s license by Mississippi EMS.
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- Unit utilization explanation:** Provide a written explanation of vehicles usage; including weekdays and weekends. *Example: 4 permitted vehicles. Daily usage: 2 ALS staffed units with a on call crew, 1 vehicle is un-staffed and out of service. Weekends: 1 ALS Crew & 1 call in crew.*
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Print Name:

Signature:

Date:

Mississippi EMS Licensure Application
Medical Director Information

Off – Line Director:

Medical License:

DEA #	Issued Date	Exp. Date
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Mailing Address

Phone #:	Fax #:
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E-Mail:

Is the On-Line the same as Off-Line? () Yes () No. If Yes, you do not have to fill out this section.

On – Line Director:

Medical License:

DEA #	Issued Date	Exp. Date
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Mailing Address

Phone #:	Fax #:
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E-Mail:

Mississippi EMS Licensure Application
Communication Capabilities

Service Name:

License #:

1. List the Primary dispatch frequency for your units.

A.

B.

2. List agency by name that dispatch your units

A.

B.

3. List how the service communicates with receiving ER or hospital for orders or patient information exchange.

A.

B.

C.

4. ALL your ambulances have the state net radio frequency of 155.350 for contacting participating hospitals. YES No

5. Pagers are used to dispatch crews or provide information exchange. YES No

6. Units utilize cellular telephones for calling hospitals, communications, or other parties.
 YES No

7. List all other frequencies which assist units in contacting other agencies such as law enforcement, fire departments, civil defense, other ambulance services etc.

Frequency

Agency

8. List all transmit and receive frequencies including the PL codes.

9. Dispatch Phone Number:

Mississippi EMS Licensure Application
Medical Control Plan and Treatment Protocols

Service Name:

Check All That Apply:

Has **NOT** been Changed. Yes No

Current Medical Control Plan / Treatment Approval Date:

Expirations Date:

Has exceeded the three (3) year review date required by statutes and has been reviewed by applicable parties. Yes No

Include letter from the medical director indicating that there will be no changes. Yes No

Enclose medical control plan and treatment protocols for re-approval. Yes No

Approval process takes approximately thirty (30) days.

Is being offered for the first time for approval Yes No

Approval process takes approximately thirty (30) days.

Review applicable EMS laws, rules and regulations regarding medical control plan requirements. Yes No

Resource Hospital: Medical Director signature (for ALS or BLS service with AED capabilities) of verification that her / she approves the ambulance services protocols and understand his / her responsibilities as stated in appendix 1 of the Mississippi EMS Rules and Regulations.

Signature of Medical Director

Print / Type name of Medical Director

Position:

Date:
