



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

### Bureau of Emergency Medical Services Non-Emergency Medical Transport Application

Complete and return this application with all supporting documentation and payment to:

Bureau of Emergency Medical Services  
Attn: Licensing/Inspections/Compliance  
310 Airport Road South  
Suite B  
Pearl, MS 39208  
or via email: [EMS.support@msdh.ms.gov](mailto:EMS.support@msdh.ms.gov)

#### SECTION 1 – Non-emergency Medical Transport (NEMT) Business Information

Business Name:

Primary Physical Station  
Address:

Street Address:

City:

State:

Zip:

Mailing Address:

Street Address:

City:

State:

Zip:

#### SECTION 2 – OWNER/APPLICANT INFORMATION

Owner Name:

Owner Type:	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	
	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	
	<input type="checkbox"/>	Other (Please list):		
Address:	Street/Box/Route:			
	City:		State:	Zip:
	Phone #:		Fax #:	

E-Mail Address:

### SECTION 3 – MANAGER/POINT OF CONTACT INFORMATION

Manager/Contact Name:

Manage Contact Phone: Office & Cell #

Manager/Contact E-Mail Address:

### SECTION 4 – MINIMUM REQUIREMENTS:

#### Operations Site:

- Operation shall provide for the on-site collection and maintenance of records
  - Accounting for all patients transported, including date of service, time of service, vehicle used, and driver in attendance
  - Employee records on all drivers for a period not less than five (5) years Operators
  - Records related to the issuance of permits and present the same on request of BEMS staff

#### Vehicle Permits:

- Door placard reads: NON-EMERGENCY MEDICAL TRANSPORT VEHICLE – THIS SERVICE DOES NOT PROVIDE MEDICAL CARE
- Required minimum equipment:
  - Cell phone capability to access 911
  - Two-way communications equipment to facilitate communications with operations base
  - Fire extinguisher
  - First aid kit
  - Seat belt cutter
  - Seat belt extender
  - Wheelchair loading and transport system for vehicles transporting wheelchair patients
  - Pocket mask device for CPR
  - High-visibility safety apparel (see Rule 1.20.6, MS EMS Rules and Regulations)

#### Drivers

- Non-emergency medical transport drivers must meet the following standards:
  - Initial and annual criminal background check with fingerprint clearance processed through: [www.safer.msdh.ms.gov](http://www.safer.msdh.ms.gov)
  - Initial and annual motor vehicle records (MVR) check clearance from the Department of Public Safety, verifying driving license at the level required for driving vehicles assigned: [ms.gov](http://ms.gov)
  - Initial and annual negative drug screen results.
  - Initial and annual verification that the driver does not appear on the Office of Inspector General (OIG) exclusion list: [exclusions.oig.hhs.gov](http://exclusions.oig.hhs.gov)
  - Copy of current valid Driver's License
  - Provide documentation of required minimum vehicle insurance coverage
  - Current certification in cardiopulmonary resuscitation (CPR)

**SECTION 5 – ATTESTATION** - *This section is to be completed by the owner(s)/applicant(s).*

I attest as follows:

- ☐ the information contained in this application packet is true and accurate to the best of my knowledge

Owner/Applicant Print Name:	Signature:	Date:

**SECTION 6 – VEHICLES TO BE PERMITTED**

Unit #	Make	Model	County	Vin #	Purchase Date	Tag #	Year Model

**SECTION 7 – DRIVERS TO BE APPROVED**

Name	MS DL #	Said drivers meet requirements (see list above and MS EMS Rules and Regulations) To be completed by Bureau of EMS Staff


<b>DETERMINATION:</b>	
*	Application approved following site visit and verification of driver requirements
*	Application partially approved with explanation:

* Application incomplete, returned for additional information	
* Application not approved with explanation:	
Bureau of EMS Staff Member Signature:	Date: