



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

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:	Sole Proprietorship		
	Corporation		
	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 the Department's Healthcare Background Check process
 - 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 to him/her;
 - Initial and annual negative result urine drug screen;
 - Initial and annual verification that the driver does not appear on the Office of Inspector General (OIG) exclusion list(s);
 - Initial and annual verification of appropriate training in use of the vehicle assigned to him/her, safety equipment recommended for the vehicle assigned to him/her; equipment installed in the vehicle assigned to him/her used in the transfer and/or transport of patients
 - Current certification in cardiopulmonary resuscitation

DETERMINATION:

* 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: