

2023 EMRA Renewal / Survey Form

A transport agency license is surveyed, renewed, or denied for renewal are subject to following regulation - Emergency Medical Response Agency [OAC 310:641-15-6]

EMRA Name:	License No.:			
Select one (Option 1 or Option 2):				
Option 1: Your agency license expiration date is June 30, 2023. Your completed application must include: 1. Completed Renewal/Survey Form. 2. Renewal Fee: \$20.00 3. Insurance verification of:	Option 2 Your Agency License expiration date is June 30, 2024. Your completed application must include: 1. Completed Renewal/Survey Form 2. Insurance verification of			
Current Vehicle Liability Insurance. General (Professional) Liability Insurance. Workers Compensation Insurance.	Workers Compensation Insurance. 3. Completed forms may be Emailed to Esystems@health.ok.gov; or			
. 4. Mail all required forms and fees to: Financial Management-Emergency Systems Oklahoma State Department of Health PO Box 268823 Oklahoma City, OK 73126-8823	 Faxed to 405-900-7560; or Mailed to: Emergency Systems Oklahoma State Department of Health 123 Robert S. Kerr Avenue, Suite 1702 Oklahoma City, OK 73102-6406 			
General Information:				
Mailing Address:				
Physical Address:				
Record Retention Address:				
Agency Phone: Emergency Phone:				
Office Hours:				
The agency business hours are the hours someone is availab 1. Receive business calls other than emergency requests fo 2. Meet members of the public; and/or 3. Meet a representative from the Department for inspection	r service;			
Contact Information:				
Director: Email	:Phone:			
Contact Person: Email	: Phone:			
Training Officer: Email	:Phone:			
Modical Director: Email:	Dhono			

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Multi-Agency Substations: The stations on this list are considered satellite stations for a multi-agency EMRA. Stations on this list will be departments or agencies who operate under your EMRA certification but are owned by other entities. These substations will be required to show their own proofs of insurance as asked for above. Substations owned by the same entity that owns your agency should be submitted on a separate print-out.

Number of Substations:				
Complete the information below or pro	ovide the information separately.			
Substation Name	Address	City	State	Zip
 Note: OSDH–Emergency Systems may	request additional information not in	aludad an this form, as needed		
Note: OSDH-Emergency Systems may	request additional information not inc	ciuded on this form, as needed.	•	
hereby certify that all information of	n this form is complete, true, and c	correct to the best of my know	vledge.	
Signature	Date			
Print Name		Title		

For further information: Oklahoma State Department of Health Protective Health Services **Emergency Systems/EMS Division** Telephone: 405-426-8480

405-900-7560 Fax:

ESystems@health.ok.gov Email:

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