Stretcher Van Service Initial Application
Effective: September 11, 2022

Stretcher Van Agency Initial Application Checklist

Refer to OSDH EMS Regulation (OAC 310:641-2-3) for complete requirements

(Department use only)

Date Application Received: _____

Date Application Completed: _____

Agency Name: _____

**Applicant Checklist**

| | |
|---|---|
| Fee: $600.00 initial fee | $600.00 |
| # Of Stretcher Vans_____ (Add $20.00 for each van over 2) | $_____ |
| # Of substations _____ (add $150.00 for each substation) | $_____ |
| Total enclosed fee: | $_____ |

Completed Application: _____
Separate sections within application –
Personnel roster: _____
Substation list: _____
Equipment list: _____

Additional required documentation:

- Business Plan: _____
- Communication Policy: _____
- Confidentiality Policy: _____
- Contracts (if applicable): _____
- Coverage Area Map: _____
- Letter of Governmental Support: _____
- Response Plan: _____
- Insurance verification: _____
  (auto liability, general liability, workers compensation)

All sections complete, signed and notarized: ___

Fees: (OAC 310:2-3 (v) (Non-refundable)

Initial application fee: $600.00
Add $20.00 for each unit over 2 units
Add $150.00 for each substation

**Section 1- Business Information**

- Enter the name of your agency.
- Enter the mailing address of your agency including city, state and zip code.
- Enter the physical address of your agency including city, state and zip code.
- Enter the records retention address (address of where the agency records will be kept) including city, state and zip code.
- Enter the business telephone number and an emergency telephone number.
- Enter the name of the person who will be a point of contact for the Department.
- Enter an email that the point of contact will be able to access to receive correspondence for the Department.
- Enter the days and times of the agencies operations. Please include the days and times that records will be available for an unannounced inspection review.
- Additional points of contact may be included with the application

**Section 2 – Level of Care** (63 O.S. § 1-2503 Definitions)
These definitions describe the statutory limits of the Oklahoma Stretcher Van License.

*"Stretcher van" means any ground vehicle which is or should be approved by the State Commissioner of Health, which is designed and equipped to transport individuals on a stretcher or gurney type apparatus. Vehicles used as stretcher vans shall meet such standards as may be required by the Commissioner for approval and shall display evidence of licensure at all times. The Commissioner shall not establish Federal Specification KKK-A- 1822 ambulance standards for stretcher vans; provided, a stretcher van shall meet Ambulance Manufacturers Division (AMD) Standards 004, 012 and 013, and shall pass corresponding safety tests. Stretcher van services shall only be permitted and approved by the Commissioner in emergency medical service regions, ambulance service districts, or counties with populations in excess of five hundred thousand (500,000) people. Notwithstanding the provisions of this paragraph, stretcher van transports may be made to and from any federal or state veterans facility. Stretcher vans may carry and provide oxygen and may carry and utilize any equipment necessary for the provision of oxygen;*

*26. "Stretcher van passenger" means any person who is or will be transported in a reclining position on a stretcher or gurney, who is medically stable, non emergent and does not require any medical monitoring equipment or assistance during transport except oxygen. Passengers must be authorized as qualified to be transported by stretcher van. Passengers shall be authorized through screening provided by a certified medical dispatching protocol approved by the Department. All patients being transported to or from any medically licensed facility shall be screened before transport. Any patient transported without screening shall be a violation of Commissioner rule by the transporting company and subject to administrative procedures of the Department*

**Section 3 – Type of owner (OAC 310:641-2-3 (f) – (g)**

Enter the type of ownership for the agency. Essentially, what type of organization will own the license? Examples include:

- Will an Ambulance Service District (522 District or a Title 19) District own the license?
- Will a Fire Protection District (Title 18 or Title 19 District) own the license?
- Will a different type of board or trust own the license?

**Section 4 - Type of Operation (OAC 310:641-2-3 (f) – (g)**

Enter the type of operation for the agency. For Section 4 and 5 - These are examples of type of owner and type of operation combinations:

- A city (or county) owns the license, and the service is based in the city fire department, then governmental city (or county) and fire-based would be marked.
- A city (or county) owns the license, and the service is based in the police department (or county sheriff's office), then governmental city (or county) and law enforcement would be marked.
- A city (or county) owns a hospital, and the service is based in the hospital, then governmental city (or county) and hospital would be marked.
- A city or county owns a hospital, and then appoints a board for the hospital. The city still owns the hospital.
- If a board owns the hospital, then it will be a board or trust that is marked with hospital.
- If the license will be owned by an Ambulance Service District (522 District or Title 19) or a Fire District (Title 18 or Title 19), then mark either Fire Based or other type of operation.
- Third service means the agency is not fire or law enforcement based but is governmental owned.

**Section 5 – Dispatch and communication information (OAC 310:641-2-3 (s)**

"Stretcher Van services shall submit communication policy addressing the screening process that ensures a request for service will meet the agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient care report or call log."

**Section 6 - Stretcher Van list**

- Enter the make, model and VIN for each stretcher van you conduct transports with. Additional pages can be added.

**Section 7 – Type of Ownership (OAC 310:641-2-3 (f) – (g)**

- Enter the name of the agency owner (You must also complete and submit the ownership supplementary form)
- A business plan is also required. The plan must include a financial disclosure statement showing evidence of the ability to sustain the operation for at least one (1) year.

**Section 8 – Indirect ownership (OAC 310:641-2-3 (f) – (g)**

List the names and addresses of individuals, organizations or other entities having a direct or indirect ownership interest(s), separately or in combination, amounting to an ownership interest of 5% or more in the DISCLOSING ENTITY.

**Section 9 - Mortgage (OAC 310:641-2-3 (f) – (g)**
List the names and addresses of individual, organizations or other entities having an interest in the form of the mortgage, or other obligation, secured by disclosing entity (equal to at least 5% of the assets).

**Section 10 - Corporation Officers/ Directors (OAC 310:641-2-3 (f) – (g)**
If the disclosing entity is a CORPORATION, list the names, titles and addresses of the officers and directors.

**Section 11 - EMS District Board (OAC 310:641-2-3 (f) – (g)**
If the disclosing entity is a '522' District Board, or received money from a '522' District Board, list the names, titles and addresses of the officers and directors.

**Section 12 - Other Ownership or Controlling Interests (OAC 310:641-2-3 (f) – (g)**
If the disclosing entity is an Ambulance District Board established by Title 19, a city, a county , a council, or any entity, please provide a list the names, titles, and addresses of the officer, directors, commissioners, council, etc. Give meeting dates, times and other pertinent information.

**Section 13 - Felony Statement (310:641-3-13 (a) (1))**
Has any owner, principal, officer, or director been convicted of a felony? If yes, please indicate details on a separate piece of paper. The applicant may also submit court documents detailing the felony conviction.

**Section 14 - Owner Signature** (OAC 310:641-2-3 (e)

- Print the license owner's name in the space provided.
- Print the license owner's title in the space provided.
- Enter the date in the space provided.
- The license owner must sign in the space provided.
- The signature must be verified by a notary public.

**SEPARATE FORMS - forms included with this application**

- Personnel Roster- List all personnel for your agency who provide patient care.
- Substations - Check "yes" if your agency will maintain substations. Complete and submit the Ambulance Substation form with your application.
- Equipment List - initial or check the box next to each required list item to indicate it is in your agency's possession.

**ADDITIONAL REQUIRED INFORMATION:**

(s) Specialty Care Services and Stretcher Van services shall submit communication policy addressing the screening process that ensures a request for service will meet the agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient care report or call log.

Response Plan (OAC 310:641- 2-3(t) - must include:

(t) a response plan that includes:

(1) providing and receiving mutual aid with all surrounding, contiguous, or overlapping, licensed service areas,

(2) providing for and receiving disaster assistance in accordance with local and regional plans and command structures such as an incident command structure using national incident management support models.

3. Confidentiality Policy (OAC 310:641-2-3 (u)) -A policy ensuring confidentiality of all documents and communications regarding protected patient health information.

4. Business Plan (OAC 310:641-2-3 (x)

5. Letter of Governmental Support (OAC 310:641-2-3 (p))

(p) Stretcher Van Services are to submit the following with their application:

(1) A map or narrative description which identifies the proposed service area;

(2) evidence that the proposed service area is an emergency medical service region, ambulance district, or county with a population in excess of five hundred thousand (500,000) people;

5 A. Sole Provider System (OAC 310:641-2-3) (w)

(w) All applicants except air ambulance services are required to show documentation of compliance with any "Sole Source" Ordinance or Resolution. If an area of Oklahoma is being served by a licensed ambulance service, or services, and the area has adopted "sole source" resolutions or ordinances or an Emergency Services District as established pursuant to Article 10, Section 9 (c) of the Oklahoma Constitution, the Department shall require the approval of the community (ies) and/or the emergency medical services authority of that service area, before an additional ambulance service shall be licensed for that same service area.

7. Contracts (if applicable) (OAC 310:641 2-3 (i))

8. Insurance Proofs (OAC 310:641 2-3 (g) (2) – (4)

- General Liability
- Auto Liability
- Worker's Comp

9. Quality Assurance Policy -

(o) Stretcher Van service applications will include the following restrictions and requirements:

(2) Stretcher van applications will include a quality assurance process or policy that includes:

(A) The Department may require quality assurance documentation for review and shall protect the confidentiality of that information.

(B) The quality assurance documentation shall be maintained by the agency for three (3) years.

(C) Any passenger condition where the passenger entered the 911 system,

(D) If oxygen is continued, the physician order must be maintained with the trip report or passenger report;

(E) a review other selected passenger reports not specifically included, and

(F) process to provide internal and external feedback of findings determined through reviews. Documentation of the feedback will be maintained as part of the quality assurance documentation.

Department Application Procedures:

After submitting your application, it will be reviewed by Department staff for completeness, accuracy and legibility. You will be contacted if the package is incomplete or additional information is required. Once the application is complete, an EMS Administrator will be assigned to conduct an initial inspection of your files, equipment and facility. Upon receipt of the EMS Administrator's inspection report, your EMS Agency Certificate will be mailed to the address on record. Information regarding your Ground Ambulance application package may be obtained by calling (405) 426-8480.

**Section 1 – Business Information**

Service Name: _____

Mailing Address: _____
Street City State Zip code

Physical Address: _____
Street City State Zip code

Record Retention Address: _____
Street City State Zip code

*if record retention location is out of state, describe how will the records be available at the physical address:

_____

_____

Business Telephone: _____ Emergency Telephone: _____

Agency Director: _____ Telephone: _____

Director email: _____

Additional point of contact _____Telephone: _____

PoC email: _____

Business hours (Days and times your office accepts business calls: _____

| **Section 2 - Level of Care** | **Section 3 – Type of Owner** | **Section 4 – Type of Operation** |
|---|---|---|
| Stretcher Van Service | Governmental: City _____ ◯ | Fire-Based _____ ◯ |
| | Governmental: County _____ ◯ | Law Enforcement _____ ◯ |
| | Governmental: Federal_____ ◯ | Hospital _____ ◯ |
| | Governmental: Tribal _____ ◯ | 3rd Service _____ ◯ (Government Owned) |
| | Private (For Profit) _____ ◯ | |
| | Private (Not For Profit)_____ ◯ | Private_____ ◯ |
| | 522, Title 18 or Title 19 Board _____ ◯ | Other_____ ◯ |
| | Other _____ ◯ | |

**Section 5 – Dispatch and communication information**

"Stretcher Van services shall submit communication policy addressing the screening process that ensures a request for service will meet the agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient care report or call log."

**SECTION 6 – Stretcher Van** List all vehicles that will be used for passenger transport. Use a separate sheet if necessary.

Make _____VIN_____

Make _____VIN_____

Make _____VIN_____

Make _____VIN_____

**SECTION 7 – Type of ownership**

- ☐ **Government Ownership (City, County, State or Federal) Describe: _____**
- ☐ **Sole Proprietorship. List name of owner: _____**
- ☐ **Partnership. List partners on a separate sheet if necessary: _____**
- ☐ **Corporation. List name of Corporation: _____**
- ☐ **Disclosing entity that receives money from or contracts with a 522 District.**
  **Give 522 District name: _____**
- ☐ **Disclosing entity that receives money from or contracts with an Ambulance service District (Title 19)**
  **Give Ambulance Service District name:_____**
- ☐ **Other (Specify):**

**SECTION 8 -Indirect Ownership (If Applicable)**

If disclosing entity is indirectly owned by another individual, agency or other entity with a controlling interest, separately, or in combination amounting to an ownership interest of 5% or more, provide a list of names and addresses of each individual or entity:

If disclosing entity has no indirect ownership, check here: ☐_____

**SECTION 9 -Mortgage (If Applicable)**

If disclosing entity has individuals, organizations or other entities with an interest in the form of the mortgage or other obligation, provide a list of names and addresses of each individual or entity:

If disclosing entity has no such other entities, check here: ☐_____

**SECTION 10 -Corporation Officers/Directors (If Applicable)**

If the disclosing entity is a CORPORATION, provide a list the names, addresses and titles of the corporation's officers and directors:

If disclosing entity is not a corporation, check here: ☐_____

**SECTION 11 -EMS District Board (If Applicable)**

If disclosing entity is a 522 District Board, or receives money from a 522 District Board, provide a list the names, addresses and titles of the board's officers and directors:

If disclosing entity is not a 522 District Board, check here: ☐

**SECTION 12- Other Ownership or Controlling Interests (If Applicable)**

If disclosing entity is an established Ambulance District Board established by Title 19 District Board, a city, county, council or other entity, provide a list the names, addresses and titles of the officers, directors, commissioners, council members, etc. Provide meeting times, dates and other pertinent information:

If disclosing entity is not an established Ambulance District Board established by Title 19 District Board, a city, county, council or other entity, check here: ☐

**SECTION 13 - Felony Statement**

Have any of the owners, principals, officers or directors of the disclosing entity ever been convicted of a felony?

YES◯ NO◯

If yes, please indicate details on a separate piece of paper. The applicant may also submit court documents detailing the felony conviction.

**SECTION 14- Owner Signature**

This application form must be signed by the party or parties who shall be considered the owner agency (certificate holder) and who are responsible for compliance of the act and rules. The signature must be witnessed by a commissioned Notary Public.

I hereby certify that all information is complete and that all information to this report and supplemental attachments is true and correct to the best of my knowledge.

Print name _____ Title _____

Signature _____ Title _____

Signed before this _____day of _____, _____.
Day Month Year

Notary Signature
_____

My commission expires _____

**310:641-17-10. Equipment for stretcher van vehicles**

**310:641-17-10. Equipment for stretcher van vehicles**

Each stretcher ~~aid~~ van vehicle shall carry, at a minimum the following:

(1) body substance isolation kits with gowns, gloves, eye protection, and masks~~,~~;

(2) latex or equivalent gloves separate from body substance isolation kits~~,~~;

(3) extra blankets, sheets, pillow cases~~.~~;

(4) two (2) five (5) pound fire extinguishers, secured, with one (1) accessible to the driver and one (1) accessible to the passenger attendant~~,~~;

(5) one (1) elevating gurney with locking equipment that complies with AMD 004~~,~~;

(6) an AED with adult and pediatric capabilities if the agency transports pediatric passengers~~.~~;

(7) if the agency transports children, then the agency is required to provide a child restraint system~~.~~;

(8) portable and spare oxygen cylinders shall be appropriately secured;

(9) one (1) stretcher mount portable oxygen securing device; and

(10) Stretcher van agencies may carry and provide oxygen and utilize equipment necessary for the provision of oxygen as prescribed by the physician, excluding agency supplied ventilator equipment.

**Stretcher Van agency personnel roster**

Instructions: List all certified and licensed personnel associated with the application/agency. Please list the names in alphabetical order. Please type or print only.

Volunteer means a person that does not receive compensation or is compensated at less than minimum wage.

Agency Name _____ Date _____

| Name (last, first, and MI) | Certification/License level | SSN |
|---|---|---|
| Address | Certification/license number | Full/Part time/volunteer |
| **1.** | | |
| | | Full Time |
| **2.** | | |
| | | Full Time |
| **3.** | | |
| | | Full Time |
| **4.** | | |
| | | Full Time |
| **5.** | | |
| | | Full Time |
| **6.** | | |
| | | Full Time |
| **7.** | | |
| | | Full Time |
| **8.** | | |
| | | Full Time |
| **9.** | | |
| | | Full Time |
| **10.** | | |
| | | Full Time |
| **11.** | | |
| | | Full Time |
| **12.** | | |
| | | Full Time |
| **13.** | | |
| | | Full Time |
| **14.** | | |
| | | Full Time |
| **15.** | | |
| | | Full Time |
| **16** | | |
| | | Full Time |

**Stretcher Van Service List of Substations**

**Do you have units positioned at locations other than the business office or main station?** **Yes** ☐ **No** ☐

**If yes, list the address and physical location, if different from the address of the units.**

**Make additional copies of this page if necessary.**

| Substation Name or Number | Address | City, Zip | Phone number at Substation |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |