

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):

<input type="checkbox"/> Option 1: Your agency license expiration date is June 30, 2025 . Your completed application must include: 1. Completed Renewal/Survey Form. 2. Renewal Fee: \$20.00 3. Insurance verification of: • Current Vehicle Liability Insurance. • General (Professional) Liability Insurance. • Workers Compensation Insurance. 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	<input type="checkbox"/> Option 2 Your Agency License expiration date is June 30, 2026 . 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. 3. Completed forms may be • Emailed to Esystems@health.ok.gov ; or • 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
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General Information:

Mailing Address: _____ Physical Address: _____ Record Retention Address: _____ Agency Phone: _____ Emergency Phone: _____ Office Hours: _____ The agency business hours are the hours someone is available to: 1. Receive business calls other than emergency requests for service; 2. Meet members of the public; and/or 3. Meet a representative from the Department for inspections.

Contact Information:

Director: _____ Email: _____ Phone: _____ Contact Person: _____ Email: _____ Phone: _____ Training Officer: _____ Email: _____ Phone: _____ Medical Director: _____ Email: _____ Phone: _____
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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 provide the information separately.

Substation Name	Address	City	State	Zip

Note: OSDH–Emergency Systems may request additional information not included on this form, as needed.

I hereby certify that all information on this form is complete, true, and correct to the best of my knowledge.

Signature

Date

Print Name

Title

For further information:
Oklahoma State Department of Health
Protective Health Services
Emergency Systems/EMS Division
Telephone: 405-426-8480
Fax: 405-900-7560
Email: ESystems@health.ok.gov