



AIR AMBULANCE SERVICE RENEWAL APPLICATION

Date: _____

This form must be uploaded to your online renewal application OR submitted with the paper renewal invoice, along with any other required documents and fee(s).

CLASSIFICATION: (Select One) [] Helicopter [] Fixed Wing [] Both

Please Print Legible or Type

Air Ambulance Service Name: _____

Air Ambulance Service Address: _____ Street
_____ City _____ State _____ Zip

Contact Phone #: () - Fax #: () -

Name of Air Ambulance Service Director: _____

Do you wish to receive your renewal notice by E-Mail in lieu of US Postal Mail? [] YES [] NO
Email: _____

Name of Medical Director: _____

Address: _____ Street _____ City _____ State _____ Zip

Email: _____ Contact Phone #: () -

VERIFY CURRENT FAA LICENSE INFORMATION

Certificate Number: _____ Effective Date: _____

Part 135: [] Yes [] No Part 91 only: [] Yes [] No

The below items must be uploaded to your online renewal application OR submitted with the paper renewal invoice, along with the required fee(s).

- 1) Copy of current insurance
2) Completed Annual Operations Report
3) If there is a change in Medical Director, the newly appointed Medical Director must submit a letter
4) If there is a change in Service Director, a notification from the appointing authority must be submitted

I verify all information and documents contained in this Application and Annual Report are accurate and correct.

Ambulance Service Director Signature _____ Date _____
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**AIR AMBULANCE SERVICE
ANNUAL OPERATIONS REPORT**

*This form must be uploaded to your online renewal application **OR** submitted with the paper renewal invoice.*

TIME PERIOD REPORTED FROM: January 1, _____ **TO:** December 31, _____

AMBULANCE SERVICE NAME: _____ **COUNTY:** _____

SERVICE UTILIZATION:

- 1) _____ Annual Number of **FLIGHTS** (Calls or Requests for Service)
- 2) _____ Annual Number of **DECLINED FOR WEATHER**
- 3) _____ Annual Number of **PATIENT TRANSPORTS** (for TN)

FIELD PERSONNEL:

Please identify the number of patient-care personnel *employed* in the following categories by the major responsibilities for that person. **Count each person only once.**

- 1) _____ Paramedics
- 2) _____ Critical Care Paramedics
- 3) _____ Certified Flight Paramedics
- 4) _____ Registered Nurses
- 5) _____ Physicians

- _____ **Total AIR EMS Personnel**

Information

Provided by: _____ **Name** (Please Type or Print) _____ **Title** (Please Type or Print) _____

Date completed: _____

**AIR AMBULANCE SERVICE
ANNUAL AUDIT**

Each item below will be audited **ANNUALLY** during the calendar year and evaluated by the EMS Consultant.

- **Mandatory Random Drug Screening of Employees:** Rule: 1200-12-01-.14 (9) (c) 3
Review of policy and verification of testing

- **Equipment Inventory:** Rule 1200-12-01-.15 (3) (4)
Verification of inventory files, every 72 hours at a minimum, on all permitted vehicles for a 90 day period

- **In-Service:** Rule 1200-12-01-.14 (5)
Verification of 15 contact hours for 95% of EMS Personnel

- **Pediatric Training:** Rule 1200-12-01-.20 (2)
Verification of a minimum 1.5 hours of pediatric training annually for all EMS Personnel

- **When using Continuing Education Hours for Personnel License Renewal In-Service Hours:**
Rule 1200-12-01-.14 (7)
 - *Board Authorized Instructor Coordinator*
 - *Records Maintained for 5 Years*
 - *Vitae on Instructors*
 - *Lesson Plans*
 - *Course Evaluation by Students*
 - *Evaluation of Students Performance*
 - *Sign-in Sheet of Participants*

AIR AMBULANCE SERVICE ANNUAL AUDIT

The items below will be subject to **RANDOM** audit annually during the calendar year and evaluated by the EMS Consultant.

- **Air Ambulance Personnel Qualifications and Duties:**
 - Rule 1200-12-01-.05 (a)
Random review of medical qualifications
 - Rule 1200-12-01-.05 (5) (c) (1)
Random review of crew member records for proof of annual physical
 - Rule 1200-12-01-.05 (5) (c) (2)
Random review of qualifications of a Registered Nurse serving as Medical Crew
 - Rule 1200-12-01-.05 (5) (c) (3)
Random review of qualifications of a Paramedic serving as Medical Crew
 - Rule 1200-12-01-.05 (5) (c) (4) (5)
Random review of required certification of medical crew members
- **Air Medical Communication Specialist Qualifications:** Rule 1200-12-01-.05 (5) (f)
Random review of qualifications and certification of communication specialist
- **Flight Coordination Rule:** 1200-12-01-.05 (6) (a)
Review of operations manual, policies and procedures
- **Telecommunications:** Rule 1200-12-01-.05 (7)
Review of communication available to communicate with Medical Crew
- **Records and Reports:** Rule 1200-12-01-.05 (9) (a)
Random review of patient records
- **Utilization Review:** Rule 1200-12-01-.05 (10)
Random review of utilization review process
- **Quality Improvement:** Rule 1200-12-01-.05 (11)
Random review of established quality improvement program