

**SECTION OF EMERGENCY MEDICAL SERVICE
 AMBULANCE SERVICE LICENSE CHECKLIST**
Please return this check off list with all paperwork required

The following checklist is to assist applicants in applying for an Arkansas ambulance service license. Please be sure to have each item prior to submitting your application for initial and/or licensure renewal.

A. RESOURCES REQUIRED FOR LICENSE: *Initial*

- 1. Vehicle(s) (Must have at least one) ----- _____
- 2. Communications ----- _____
 (MCI Frequencies and Trauma AWIN if participating in the Trauma System)
- 3. On-board equipment (as required for level of vehicle license) ----- _____
- 4. Drugs and Fluids (as required for advance life support vehicles) ----- _____

B. ESSENTIAL PAPERWORK & DOCUMENTATION: (Required by all levels of licensures):

- 1. Map identifying service area ----- **Upload** ----- _____
- 2. Letter from agency providing extrication capability –**New Service**----- _____
- 3. Copy of “Certificate of Liability Insurance” ----- **Upload** ----- _____
- 4. Completed Ambulance Service License application <https://aremslicense.adh.arkansas.gov/> ----- _____
- 5. Vehicle Renewal registration application <https://aremslicense.adh.arkansas.gov/>----- _____
- 6. Service license fee- \$525.00 Vehicle fee- \$105.00 per vehicle ----- _____
- 7. Copy of liability insurance for each registered vehicle ---- **Upload** ----- _____
- 8. List all sub-stations on the ambulance service application ---- **(Online)**----- _____
- 9. **A copy of a patient encounters form** ---**New Services/Changes**----- _____

SERVICES APPLYING FOR EMT, Adv. EMT, ADVANCED RESCUE, PARAMEDIC OR AIR AMBULANCE SERVICE LICENSE MUST SUBMIT THE ADDITIONAL ITEMS:

- 1. **Letter** from an Arkansas licensed physician expressing agreement to serve as the Medical Director for the service **AND** acknowledging approval and responsibility for:
 - A. Treatment protocols ----- **Upload** ----- _____
 - B. Policies and procedures for drugs and pharmaceuticals
 (EMT, Adv. EMT, Paramedic, Advanced Rescue and all Air Services) ----- _____
 - C. Contact information for the Medical Director
***(Current Phone number and Email Address)** ----- _____
- 2. Copy of Medical Director’s current AHA- ACLS certification card -- **Upload** ---
 (Paramedic, Advanced Rescue and all Air Services) ----- _____
- 3. Copy of Medical Director’s current DEA registration for controlled drugs **Upload** ----- _____
- 4. Treatment protocols (**New Services/Changes as Electronic Version**) ----- _____
- 5. Policy and procedure manual for drugs and pharmaceuticals approved by the Arkansas Department of Health, Section of Pharmacy Control
 (Paramedic, Advanced Rescue and all Air Services) **New Services/Changes**----- _____
- 6. **Copy of all training for licensed EMT and Communication Specialists (Air Ambulance Services only Section VII. E – H)** ----- **Upload** ----- _____

THE SECTION OF EMERGENCY MEDICAL SERVICE MAY AT ANY TIME REQUEST SERVICES TO RESUBMIT THE ABOVE AND/OR ADDITIONAL INFORMATAION

***(All items are required to be in the office before renewal license will be issued)**

Section III, A of Arkansas Rules and Regulations