



**APPLICATION TO
OPERATE**

**Saginaw Valley
Medical Control
Authority**

For All Medical First Responder, Basic, Limited and Advanced Life Support Agencies

The below specified agency agrees that if Medical Control is granted by Saginaw Valley Medical Control Authority (SVMCA), they will comply with all guidelines, protocols and procedures established by SVMCA.

Please complete all of the information requested below:

1. Level of Life Support Agency: MFR _____ BLS _____ LALS _____ ALS _____

Transport _____

Non-Transport _____

2. Name of Life Support Agency		Federal I.D. #	
3. Mailing Address	City	State	Zip Code
4. Contact Person			
5. Business Phone #	Other Phone #	6. Email Address (optional)	

7. Please list vehicles below for which authorization is being requested. A completed Part 2 Life Support Vehicle application must be completed for each vehicle and submitted with this application to the department.

Year	Make	Unit #	Level of Vehicle License (MFR, BLS, LALS, ALS)	Vehicle Identification # (VIN)	Plate

8. Is this life support agency operated or advertised under any other names other than indicated in item 2?

Yes _____ No _____

If "Yes" indicate the name:



**APPLICATION TO
OPERATE**

**Saginaw Valley
Medical Control
Authority**

9. **MUTUAL AID** – List the name of life support agencies with which you have mutual aid agreements. You must present copies of these agreements at the time of inspection.

10. **GEOGRAPHIC SERVICE AREA** – List the counties, cities or townships in which you will provide pre-hospital care. (Formal agreements with municipalities must be provided)

11. **NEEDS AND SURVEY INFORMATION** – Have you or any of your agents conducted a survey or gathered any information indicating that a need for service exists within the specific geographic location you are proposing to serve in Saginaw/Tuscola Counties?

Yes _____ No _____

If yes, explain how your proposed geographic area is currently not adequately covered by the level of service for which you are applying. Please provide survey information.

12. **FINANCIAL INFORMATION** – Include, as an attachment, financial statements and annual budget information for the past 5 years along with any additional information sufficient to demonstrate adequate financial resources to meet and maintain Saginaw Valley Medical Control Authority’s vehicle, equipment and personnel standards.



**APPLICATION TO
OPERATE**

**Saginaw Valley
Medical Control
Authority**

13. **REQUIRED AGENCY CRITERIA** – I have acknowledged and reviewed the SVMCA agency criteria and will make information available for review upon request by SVMCA.

Yes _____ No _____

14. **COMMUNICATIONS REQUIREMENTS** – I have received a copy of the State MDCH MEDCOM requirements and have acknowledged and reviewed the requirements for EMS communication systems. The life support agency and vehicles have been equipped accordingly to meet compliance with these requirements.

Yes _____ No _____

15. **MEDICAL CONTROL AUTHORITY** – List the name of any additional Medical Control Authority you currently serve.

16. **MEDICAL CONTROL APPROVAL** (If you are operating under more than one medical control authority, you must have a signature for each one. You may make copies of this page as needed.)

As Medical Director of _____ Medical Control Authority, I recognize the named life support agency, _____

as being duly authorized to operate as: MFR___ BLS___ LALS___ ALS___.

Signature of Medical Director Printed Name of Medical Director Date

17. LEGALLY RESPONSIBLE PERSON

As legal representative of _____, I attest that I have read all laws, statutes and rules pertinent to Emergency Medical Services and agree to meet all terms of licensure as required. The vehicles, personnel and equipment will be maintained in a manner to meet all requirements set forth by Public Act 368 of 1978, as amended and all rules promulgated pursuant to it. This life support agency further agrees to operate by all guidelines and protocols of the Medical Control Authority in which it operates.

Signature of Legally Responsible Person Printed Name of Legally Responsible Person Date



**APPLICATION TO
OPERATE**

**Saginaw Valley
Medical Control
Authority**

Required Agency Criteria

I. ADMINISTRATIVE	Yes	No
<i>A. Full Disclosure of the Agency Ownership</i>		
1. Documents related to the official types of legal organization of the service, stating whether it is an individual proprietorship, partnership, corporation or subsidiary of any other corporation or unit of government.		
2. Disclose any “doing business as,” or “business as,” or name(s) under which the organization operates, including but not limited to the name(s) by which said organization is known to the public.		
3. Maintain official registration of the entity with the Secretary of State or other designated official in each state in which the agency is chartered, incorporated or authorized to do business.		
4. Disclose any parent, subsidiary or other relationships that involve ambulance or health care business activities; shared overhead or resources; or that have interlocking directorates.		
<i>B. Management</i>		
1. Organization has identified an individual (i.e. president, chief, director or coordinator) who is responsible for overall day-to-day operations of the service and serves as a contact person.		
<i>C. Policy</i>		
1. Establish a written procedure that explains the steps that occur when a complaint is received by the agency.		
<i>D. Insurance Requirement</i>		
1. Provides a certificate of no-fault insurance or coverage with residual liability coverage not less than one million dollars (\$ 1,000,000) per crash (accident) or proof of self-insured authority. If an agency has an air ambulance (rotary) then not less that five million dollars (\$ 5,000,000) and not less than ten million dollars (\$10,000,000) for fixed wing.		

II. INTER-AGENCY RELATIONS

1. Provide a guideline and/or show inclusion in the county/regional disaster plan and response. (MCA protocols may be used to satisfy the requirement)		
--	--	--



APPLICATION TO OPERATE

**Saginaw Valley
Medical Control
Authority**

III. RECORDKEEPING (RUNS/REQUEST FOR SERVICE)	Yes	No
1. Capable of reporting Patient Care Records (PCR's) to the State via the EMS Information System		
2. Maintain PCR for minimum of 5 yrs. for adult patient and up to the 23 rd year of life for the minor patient		
A. Dispatch Record		
1. Provide guideline and/or show evidence that a record is created to document each request for service that the agency receives, including calls canceled prior to arrival and incidents which result in no patient being transported.		
B. Run Form		
1. Provide a guideline and/or show evidence that a record is created to document all findings and treatment given, if any, whenever contact is made with a patient or one presumed to be a patient, regardless of whether or not the patient is ultimately treated or transported.		

IV. COMMUNICATIONS

1. Maintains a copy of the State MedCom requirements at the agency.		
---	--	--

V. SAFETY

1. Maintain written guidelines and procedures that address safety and accident reduction, and comply with all applicable state and federal health and safety laws. These procedures shall be maintained by the agency and shall be available upon request by the MCA.		
---	--	--

Agency	Contact	Specific Regulation
MIOSHA		General Safety
		Bloodborne Pathogens
		Airborne Pathogens
		CLIA
		Disposal of Waste
		HazMat
		EEOC
		Michigan Motor Vehicle Code

2. Maintain documentation that each individual operating a licensed life support vehicle during an emergency or patient transport has completed a SVMCA approved vehicle operation education and competency assessment.		
---	--	--



**APPLICATION TO
OPERATE**

**Saginaw Valley
Medical Control
Authority**

VI. STAFF AND STAFFING VEHICLES	Yes	No
<i>A. Personnel</i>		
1. Maintain a list and current license & certification of all EMS personnel licensed by MDCH and employed/registered with the life support agency. Forwarding all of these documents and other required credentials according to SVMCA Personnel Medical Privileges Policy prior to System Orientation and during the recertification period that coincides with the expiration of the individuals MDCH license every 3 years.		
2. Assure that agencies are providing clinical competency assessments to emergency medical personnel before the individual provides emergency medical services.		
<i>B. Orientation/Training</i>		
1. Show evidence of and agency orientation for EMS personnel to familiarize them with the agency's policies and procedures.		
2. Show evidence that all personnel have successfully completed a SVMCA approved orientation and demonstrates knowledge of all SVMCA guidelines and protocols.		
3. Show evidence of and maintain documentation that demonstrates that EMS personnel are trained on equipment that is carried by the agency.		

VII. PROTOCOLS/QUALITY IMPROVEMENT

<i>A. Protocols</i>		
1. Maintain a copy of the current SVMCA protocols/guidelines		
<i>B. Quality Assurance</i>		
1. Show evidence of participation in an agency based and/or MCA quality improvement process.		

VIII. EQUIPMENT AND VEHICLES

1. Assure that vehicles are inspected and meet equipment requirements established by MDCH/SVMCA		
<i>Routine Vehicle & Equipment Inspection</i>		
2. A life support agency shall have a written policy in place to ensure vehicles and equipment are operational and provide documentation of not less than a weekly inspection program for all vehicles, communications equipment, and mechanical/electronic medical equipment.		