



## Emergency Medical Service Training Agency Application

Complete and return this application and all supporting documentation to one of the following:

Email (preferred method):  
[DHHS.EMSLicensing@nebraska.gov](mailto:DHHS.EMSLicensing@nebraska.gov)

Fax: (402) 742-2322

Department of Health and Human Services  
 Office of Emergency Health Systems  
 PO Box 95026  
 Lincoln, Nebraska 68509-5026

<b>SECTION A – LEVEL OF TRAINING AGENCY:</b>			
Basic		Advanced	
<b>SECTION B – TRAINING AGENCY INFORMATION:</b>			
Training Agency Name:			
Contact Name:		Contact Phone:	
Contact E-Mail Address:			
Primary Physical Station Address:	Street/Route:		
	City:	State:	Zip:
Mailing Address:	Street/Route:		
	City:	State:	Zip:
<b>SECTION C – OWNER/APPLICANT INFORMATION</b>			
Owner Name:			
Owner Type:	Sole Proprietorship		Partnership
	Limited Liability Company (1 member)		Limited Liability Company (2 or more members)
	Corporation		Governmental Unit (City/County/State/U.S.)
	Other (Please list):		
Address:	Street/Box/Route:		
	City:	State:	Zip:
Phone #:		Fax #:	
E-Mail Address:			
<b>FOR SOLE PROPRIETORSHIP OWNERS – if applicant has both a SSN and A#, report both</b>			
Applicant Social Security Number:			
Alien Registration Number, if applicable:			
Has the sole proprietor ever been convicted of a misdemeanor or a felony?			Yes      No
If yes convicted of a misdemeanor or a felony, the applicant must submit:			
<ul style="list-style-type: none"> <li>A copy of the court record related to all misdemeanor and felony convictions that includes the statement of charges and final disposition.</li> <li>If the conviction(s) occurred in a state other than Nebraska, submit an explanation of the events leading to the conviction (what, when, where, why) and a summary of actions taken to address the behaviors or actions related to the conviction; and</li> <li>A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.</li> </ul>			
Provide the name and daytime phone number of each person responsible for oversight of training agency operations.			
Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #:	

**SECTION D – PHYSICIAN MEDICAL DIRECTOR (PMD) INFORMATION**

PMD Legal Name:		License Number:	
Physical Address:	Street/Box/Route:		
	City:	State:	Zip:
Phone Number:		Fax Number:	
E-Mail Address:			

By signing below I acknowledge my authorities and responsibilities as Physician Medical Director (PMD) as stated in Nebraska Emergency Medical Services (EMS) Practice Act and the Nebraska Rules and Regulation Title 172 Chapter 13, which include, but are not limited to, the following:

- Responsible for the medical supervision of the curriculum of an approved training agency and verification of entry level competency of the students;
- Review and approve education course content, procedures, and protocols related to medical care for appropriateness, accuracy, and evidence-based care;
- Review and approve minimum number of required patient contacts and procedures not addressed in 172 NAC Chapter 13);
- Review and approve any evaluation tools and processes used to evaluate student’s didactic, laboratory, and field experience;
- Review the progress of each student to assist in determining appropriate corrective action;
- Ensure the cognitive, psychomotor, and affective domains for students;
- Ensure the effectiveness and quality of any training agency medical director responsibility that is delegated to another qualified physician; and
- Meet the Medical Director Qualifications outlined in 172 NAC 13-005.01.

PMD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION E – DOCUMENTATION**

Be an accredited community college, college, university, or a school of nursing in this state that awards an academic degree to its graduates.

Paramedic training programs must be accredited by the Commission on Accreditation of Allied Health Education Program (CAAHEP) upon. Programs holding a current Letter of Review from the Commission on Accreditation of Allied Health Education Program (COAEMSP) will be deemed to meet this requirement.

Provide a copy of the written agreement with the hospital(s), health care clinic(s), or physician offices for clinical training of students for the level of training being conducted.

Provide a copy of the written agreement with licensed emergency medical services for field experience for the level of training being conducted.

Emergency Medical Service Instructors must meet the requirements set forth in 172 NAC 11. Provide a list of names of the primary instructor(s) and their level of licensure.

Provide a copy of the training agency’s catalogue as defined in 172 NAC 13-003J.

Provide documentation the applicant will provide resources to support students who may need disability accommodations, student support, and other counseling services.

**SECTION F – ATTESTATION - This section is to be completed by the owner(s)/applicant(s).**

*For purposes of this application as outlined in 38-130 3A-E that would be:*

- *The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited liability company that has only one member; or*
- *Two of its members if the applicant is a limited liability company that has more than one member; or*
- *Two of its officers if the applicant is a corporation; or*
- *The head of the governmental unit having jurisdiction over the emergency medical service if the applicant is a governmental unit; or*
- *If the applicant is not an entity described above, the owner or owners or if there is no owner, the chief executive officer or comparable official.*

**Subsection 1** – I attest as follows:

- That the training agency meets the standards for operating as defined in 172 NAC 13-003.
- That the training agency will admit individuals to EMS courses who meet the prerequisite requirements as identified in the EMS courses.
- That the training agency will teach EMS courses as defined in 172 NAC 13-004.01.
- That the training agency will provide adequate facilities, equipment, apparatus, supplies and staffing as required by the EMS course for each respective course as defined in 172 NAC 13-003(I).
- That the direct supervision of students must be performed by an individual who is a licensed out-of-hospital emergency care provider, with an unencumbered license and is the same or higher level of out-of-hospital emergency care provider as the student's course of study or a licensed health care practitioner or under the direction of a registered nurse.
- That this training agency **has not** operated in Nebraska before submitting this application; **OR**
- This service has provided emergency medical services in the State of Nebraska prior to submitting this application. Number of days services were provided: \_\_\_\_\_

**The Department may assess an administrative penalty in the amount of \$10 per day, not to exceed a total of \$1,000, for practice without a license.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Subsection 2** – Sole Proprietorship **ONLY**: For the purposes of Neb. Rev. Stat. §38-129, I attest that I am:

- A citizen of the United State; or
- An alien lawfully admitted into the United States who is eligible for credential under the Uniform Credentialing Act; or,
- A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

The Department:

- May request additional information as needed;
- Requires any documents written in a language other than English to be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.