



**EMERGENCY MEDICAL SERVICES  
INITIAL PROVIDER LICENSE  
CHECKLIST  
REVISED: 09/07/2017**

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This document will guide an applicant in completing the application and licensing process to receive a Texas Emergency Medical Service Provider License. Applicants are advised to read the applicable parts of the Texas Health and Safety Code and Texas Administrative Code before applying for a license.

Applying for an EMS Provider License has several steps:

1. Complete and mail the application for an EMS Provider License, all the required documents and any applicable fees to Austin. Please use the appropriate mailing cover sheet which can be found on the web site at:  
<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>
2. Please submit all supplemental documents in PDF format on a USB flash drive. When submitting the USB drive please insure it is securely fastened to a letter addressed to EMS Certification and Licensing Group, in case it is separated from the envelope in the mail room.
3. The EMS Licensing Group will e-mail a confirmation letter assigning a License Specialist to assist you through the application process.
4. Once your application is cleared. Your agencies Treatment and Transport Protocols and the Equipment, Supply and Medication list will be assigned to a field office and specialist/inspector.
5. The EMS Field Specialist/Inspector will schedule a vehicle inspection/survey once protocols; equipment, supply and medication list are sufficient.
6. After the inspection/survey your results will be sent to your EMS Licensing Group Specialist. Remember, you are not considered licensed at this point in the process.
7. Issuance or denial of the license will be determined by the EMS Licensing Group in Austin. If you are approved a license and license number will be issued, the wall certificate and vehicle authorization document will be mailed to you. If you are not approved you will receive a letter explain the issue and outlining the next steps.
8. Please review Section 5A Approval from Local Governmental Entity of this document before applying, mailing or sending any fees. Application fees are non-refundable.
9. Please review Section 5B Letter of Credit of this document before applying, mailing or sending any fees. Application fees are non-refundable.

## 1. APPLICATION

### 1.1. Application Form:

Link to form at:

<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

1.2. Application Fee – \$500 plus \$180 for each vehicle to be operated. All fees are non-refundable.

Fee Payment – Make payable to: Texas Department of State Health Services - EMS FUND ZZ100- 160

Or,

Documentation of Fee Exemption: If your organization qualifies for a fee exemption because it is a volunteer organization, is staffed with at least 75% volunteer personnel, has no more than five full-time staff, and holds IRS 501(c)(3) tax classification, submit a copy of the 501(c)(3) documentation.

1.3. Reciprocal License fee – If the applicant holds a fixed-wing or rotor-wing air ambulance provider and does not plan to base aircraft in Texas the applicant may apply for a reciprocal license if they are appropriately licensed by the state governments of New Mexico, Oklahoma, Arkansas, Kansas, Colorado or Louisiana. A nonrefundable administrative fee of \$500 per applicant/EMS provider in addition to a nonrefundable application fee of \$500 and the vehicle fee of \$180 for each EMS aircraft to be operated in Texas under the reciprocal license.

## 2. SUPPLEMENTAL DOCUMENTATION

2.0. Letter of Approval: Each Applicant/EMS provider shall submit a Letter of Approval from the governing body of the municipality, if applicable, in which the applicant is located and is applying to provide emergency medical services; or if the applicant is not located in a municipality, the commissioners court of the county in which the applicant is located and is applying to provide emergency medical services. For specific information about the Letter of Approval refer to Section 5 of this document.

2.1. Complete the Department's EMS Provider Declaration Form.

Declaration Form link below:

<http://www.dshs.state.tx.us/emtraumasystems/provfro.shtm>

2.1.1. Each Applicant/EMS provider shall submit copies of any Assumed Name Certificates. A certificate is required if the "Name of Person(s) or Organization Responsible for License" is different than the "Provider/Operating Name". The "Provider/Operating Name" is the name you present to the public, i.e. have on the side of your ambulance(s). If the Name or DBA Name has the City, County or RAC in the Name – Must have proof of permission to use the name from the City, County or RAC.

(Note: for Governmental entities the CEO would be the person that supervises the Administrator of Record.)

2.1.2. Complete the Administrator of Record Form, if applicable.

2.1.3. Submit an appropriate Letter of Credit, if applicable. See Section 5B for more details.

2.1.4. Submit a Medicaid Surety Bond, if applicable

2.2. Station Location(s): Each Applicant/EMS provider shall submit a list of all EMS stations where EMS vehicles are kept, if applicable.

Station Location Form link below:

<http://www.dshs.state.tx.us/emtraumasystems/provfro.shtm>

2.3. EMS Personnel Form: Each Applicant/EMS provider shall submit a completed EMS Personnel form.

EMS Personnel Form link below:

<http://www.dshs.state.tx.us/emtraumasystems/provfro.shtm>

2.4. EMS Vehicles: Each Applicant/EMS provider shall submit a complete EMS vehicle from.

EMS Vehicle Form link below:

<http://www.dshs.state.tx.us/emtraumasystems/provfro.shtm>

2.4.1 Vehicle Ownership. The applicant/EMS Provider must provide a copy of the Vehicle Titles, Vehicle Lease Agreements, Exempt Registrations or an affidavit identifying applicant as the owner, lessee, or authorized operator for each vehicle to be operated under the license.

2.5. National Accreditation: Each Applicant/EMS provider shall submit a copy of any National Accreditations, if held by the applicant.

2.6.1. A copy of formal accreditation certificate;

2.6. Certificates of Insurance: Each Applicant/EMS provider shall submit proof of insurance. Certificates of Insurance are provided by the insurer identifying the Department as the certificate holder and indicating the applicant (EMS Provider) or insured's name. Policy numbers, effective and expiration dates, and coverage. If applicant is a government subdivision, submit evidence of financial responsibility by self-insuring to the limit imposed by the tort claims provisions of the Texas Civil Practice and Remedies Code.

*Copies of insurance cards, declarations pages, or insurance binders are NOT acceptable for proof of insurance.*

The department shall be the certificate holder and named as follows:

EMS Certification, Mail Code 2835  
Texas Department of State Health Services  
PO Box 149347  
Austin, TX 78714-9347

2.6.1. Motor Vehicle Liability Insurance Maintenance – Applicant is required to maintain motor vehicle liability insurance as required under Chapter 601 of the Texas Transportation Code. The department must be identified as a certificate holder.

2.6.2. Professional Liability Insurance Maintenance – Applicant is required to maintain professional liability insurance coverage in the minimum amount of \$500,000 per occurrence, or as necessary per state law. The department must be identified as a certificate holder.

2.6.3. Applicants utilizing air ambulances see fixed and/or rotor-wing checklists for additional insurance requirements.

2.7. Physician Medical Direction: Each Applicant/EMS provider shall submit proof of physician medical direction.

2.7.1. Medical Director Information Form.  
Submit a completed form.

Medical Director Form link below:

<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

2.7.2. Submit a copy of the contract or a letter of agreement with a physician to provide medical direction.

2.7.3. Submit a print out of the physician's public verification from the Texas medical Board's website

2.7.4. Medical Director's should review requirements found in 22 Texas Administrative Code, Chapter 197.

2.8. Subscription Program: Each Applicant/EMS provider shall submit documentation as required for subscription or membership program, if applicable.

2.9 Facility Physical Location Ownership: The applicant/EMS Provider must have a copy of a Lease or proof of Ownership of Building. The applicants/EMS providers normal business hours must be posted on the outside of the building for public viewing.

2.10. Staffing Plan – Each Applicant/EMS provider must have a written plan to describe when and how the applicant/EMS provider will operate and provide continuous coverage for the service area defined in documents submitted with the application.

2.10.0. The plan must include the days and hours of operation;

2.10.0.1. If the applicant will provide Emergency 911 coverage to an area, the applicant/EMS provider is responsible for providing continuous coverage to their service area 24/7/365;

2.10.0.2. If the applicant will not provide Emergency 911 coverage to an area, they must indicate the times of operation;

2.10.0.3. All applicants/EMS providers must have system to manage communications when not providing services after normal business hours.

2.10.1. Applicants/EMS Providers must explain how many vehicles will be operated and at what level the vehicle will be operated at.

2.10.2. Applicants/EMS Providers must explain how many vehicles will be operated at one time and must account for all vehicles being licensed.

2.10.3. Applicants/EMS Providers must explain how many staff will be on each vehicle to be operated and the level of certification/license of each person on the vehicle.

2.11 Quality Assessment & Improvement Plan – Each Applicant/EMS provider must have a written quality assessment and improvement plan. Each Applicant/EMS provider shall develop, implement, maintain, and evaluate an effective, ongoing, system-wide, data-driven, interdisciplinary quality assessment and performance improvement program. The program shall be individualized to the provider and shall, at a minimum, include:

2.11.1. The standard of patient care as directed by the medical director's protocols and medical director input into the provider's policies and standard operating procedures;

2.11.2. A complaint management system;

2.11.3. Monitoring the quality of patient care provided by the personnel and taking appropriate and immediate corrective action to insure that quality of care is maintained in accordance with the existing standards of care and the provider medical director's signed, approved protocols;

2.11.4. The program shall include, but not be limited to, an ongoing program that achieves measurable improvement in patient care outcomes and reduction of medical errors;

2.11.5. The applicant/EMS Provider must describe how the EMS provider will conduct quality assurance in coordination with the EMS provider medical director.

2.12 Mutual Aid and Inter-local Agreements – The applicant/EMS Provider must have copies of written Mutual Aid and/or Inter-local Agreements with EMS providers, if the applicant has any.

2.13. Treatment and Transport Protocols: Each Applicant/EMS provider shall submit physician medical director approved Treatment and Transport Protocols. The protocols must include/comply with the following:

- 2.13.1. Signature of the Medical Director;
- 2.13.2. Effective date which correspond with the Provider's license;
- 2.13.3. Addresses geographical area;
- 2.13.4. Addresses status of personnel;
- 2.13.5. Identifies procedures for each EMS certification or license level;
- 2.13.6. Addresses the use of all required, additional and specialized medical equipment carried in any EMS vehicle in the Provider's fleet;
- 2.13.7. Addresses the use of non-EMS certified or licensed medical personnel;
- 2.13.8. Must include an Out of Hospital Do Not Resuscitate (DNR) Protocol, per Rule §157.25, which include the following:
  - 2.13.8.1. A copy of the TDH standardized DNR form;
  - 2.13.8.2. An explanation of the patient identification process to include an option to use a department-standardized identification device such as a necklace or bracelet; and
  - 2.13.8.3. An on-site DNR dispute resolution process which includes contacting an appropriate physician.

2.14. Equipment, Supplies and Medications List: Each Applicant/EMS provider shall submit a physician medical director approved list with EMS equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried on each response-ready vehicle. The list must include/comply with the following:

- 2.14.1. Signature of the Medical Director.
- 2.14.2. Effective date which correspond with the Provider's license.
- 2.14.3. The list must fully supportive of and consistent with the protocols, of all medical equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried.
- 2.15.4. The list shall specify the minimum quantities of each item to be carried and shall specify the sizes and types of each item necessary to

provide appropriate care for all age ranges appropriate to the needs of their patients; to include but not limited to Adult, Child/Pediatric and Infant/Neonatal.

2.14.5. The minimum quantities listed shall be appropriate to the provider's call volume, transport times and restocking capabilities.

2.14.6. All critical patient care equipment, medical devices, and supplies shall be clean and fully operational. All critical patient care battery powered equipment shall have spare batteries or an alternative power source, if applicable.

2.14.7. All solutions and pharmaceuticals shall be in date and shall be stored and maintained in accordance with the manufacturers and/or U.S. Federal Drug Administration (FDA) recommendations.

2.14.8. The requirements for air ambulance equipment and supplies are listed in §157.12(h) of this title or §157.13(h) of this title.

2.14.9. Basic Life Support (BLS):

2.14.9.0. Equipment required to administer the BLS scope of practice and incorporates the knowledge, competencies and basic skills of an EMT/ECA and additional skills as authorized by the EMS provider medical director. All BLS ambulances shall be able to perform treatment and transport patients receiving the following skills: airway/ventilation/oxygenation; cardiovascular circulation; immobilization; medication administration - routes; and single and multi-system trauma patients.

2.14.9.1. Oropharyngeal airways;

2.14.9.2. Portable and vehicle mounted suction;

2.14.9.3. Bag valve mask units, oxygen capable;

2.14.9.4. Portable and vehicle mounted oxygen;

2.14.9.5. Oxygen delivery devices;

2.14.9.6. Dressing and bandaging materials;

2.14.9.7. Commercial Tourniquet;

2.14.9.8. Rigid cervical immobilization devices;



2.14.9.9. Spinal immobilization devices;

2.14.9.10. Extremity splints;

2.14.9.11. Equipment to meet special patient needs;

2.14.9.12. Equipment for determining and monitoring patient vital signs, condition or response to treatment;

2.14.9.13. Pharmaceuticals, as required by the medical director's protocols;

2.14.9.14. An external cardiac defibrillator appropriate to the staffing level appropriate to the staffing level with two sets of adult and two sets of pediatric pads;

2.14.9.15. A patient-transport device capable of being secured to the vehicle and the patient must be fully restrained per manufacturer recommendations; and

2.14.9.16. An epinephrine auto injector or similar device capable of treating anaphylaxis.

2.14. 10. Advanced Life Support (ALS):

2.14.10.0. Equipment required to administer the ALS scope of practice and incorporates the knowledge, competencies and basic and advanced skills of an AEMT and additional skills as authorized by the EMS provider medical director. All ALS ambulances shall be able to perform treatment and transport patients receiving the following skills, including all required BLS equipment to perform treatment and transport patients receiving the following skills:  
airway/ventilation/oxygenation; cardiovascular circulation;  
immobilization; medication administration - routes; and intravenous initiation/maintenance fluids.

2.14.10.1. All required BLS equipment;

2.14.10.2. Advanced airway equipment;

2.14.10.3. IV equipment and supplies;

2.14.10.4. Pharmaceuticals as required by medical director's protocol; and,

2.14.14.5. Wave form capnography or state approved carbon dioxide detection equipment must be used after January 1, 2018, when performing or monitoring endotracheal intubation.

2.14.11. Mobile Intensive Care Unit (MICU):

2.14.11.0. Equipment required to administer the knowledge, competencies and advanced skills of a paramedic, and additional skills as authorized by the EMS provider medical director. All MICU ambulances shall be able to perform treatment and transport patients receiving the following skills:  
airway/ventilation/oxygenation; cardiovascular circulation; immobilization; medication administration - routes; and intravenous initiation/maintenance fluids.

2.14.11.1. All required BLS and ALS equipment;

2.14.11.2. Transmitting 12-lead capability cardiac monitor/defibrillator by January 1, 2020; and

2.14.11.3. Pharmaceuticals as required by medical director's protocols.

2.14.12. BLS with ALS Capability:

2.14.12.0. All required BLS equipment, even when in service or response ready at the ALS level; and

2.14.12.1. All required ALS equipment, when in service or response ready at the ALS level.

2.14.13. BLS with MICU Capability:

2.14.13.0. All required BLS equipment, even when in service or response ready at the MICU level; and

2.14.13.1. All required MICU equipment, when in service or response ready at the either the MICU level.

2.14.14. ALS with MICU Capability:

2.14.14.0. All required ALS equipment, even when in service or response ready at the MICU level; and

2.14.14.2. All MICU equipment, when in service or response ready at the MICU level.

2.14.15. In addition to medical supplies and equipment:

2.14.15.1. A complete and current copy of written or electronic formatted protocols approved and signed by the medical director; with a current and complete equipment, supply, and medication list available to the crew;

2.14.15.2. Operable emergency warning devices;

2.14.15.3. Personal protective equipment for the crew to include at least:

2.14.15.3.1. Protective, non-porous gloves;

2.14.15.3.2. Medical eye protection;

2.14.15.3.3. Medical respiratory protection;

2.14.15.3.4. Medical protective gowns or equivalent; and

2.14.15.3.5. Personal cleansing supplies;

2.14.15.4. Sharps container;

2.14.15.5. Biohazard bags;

2.14.15.6. Portable, battery-powered flashlight (not a pen-light);

2.14.15.7. A mounted, currently inspected, 5 pound ABC fire extinguisher (not applicable to air ambulances);

2.14.15.8. "No Smoking" signs posted in the patient compartment and cab of vehicle;

2.14.15.9. Emergency response guide book, or an electronic version that is available to the crew (for hazardous materials); and.

2.14.15.14. 25 triage tags in coordination with the Regional Advisory Council (RAC).

- 2.15. EMS Equipment – Each Applicant/EMS provider shall submit a complete EMS Equipment form. You will need the serial numbers and manufactures name for each heart monitor/defibrillator and stretcher (primary cot).

EMS Vehicle Form link below:

<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

Remember, each authorized vehicle must have its own set of equipment required for each authorized vehicle to operate at the level of the service for which the provider is seeking authorization.

### **3. ITEMS TO BE REVIEWED ONSITE BY DSHS FIELD INSPECTOR.**

- 3.0. In addition to the EMS Provider Initial Survey form and reviewing the Medical Equipment and Vehicles required for ambulance operations. The items listed below must be in a format available for review onsite by the DSHS EMS Specialist assigned to inspect the applicant/EMS Provider. The inspector will need a private area to review these documents. The review may take a few hours. Copies may need to be provided to the Field Inspector if deficiencies are noted or corrections are requested.
- 3.1. Standard Operating Policies/Procedures: Each Applicant/EMS provider must have a written policies and/or procedures. The policies at a minimum must address:
- 3.1.1. Personal protective equipment;
  - 3.1.2. Immunizations available to staff;
  - 3.1.3. Infection control procedures;
  - 3.1.4. Management of possible exposure to communicable disease;
  - 3.1.5. Emergency vehicle operation;
  - 3.1.6. Contact information for the designated infection control officer for whom education based on U.S. Code, Title 42, Chapter 6A, Subchapter XXIV, Part G, §300ff- 136 has been documented.
  - 3.1.7. Credentialing of new response personnel before being assigned primary care responsibilities. The credentialing process shall include as a minimum:
    - 3.1.7.1. A comprehensive orientation session of the services, policies and procedures, treatment and transport protocols, safety precautions, and the quality management process; and
    - 3.1.7.2. An internship period in which all new personnel practice under the supervision of, and are evaluated by, another more experienced person.

- 3.1.8. Appropriate documentation of patient care; and
- 3.1.9. Vehicle checks, equipment, and readiness inspections;
- 3.1.10. The security of medications, fluids and controlled substances in compliance with local, state and federal laws or rules.

3.2. Sample Patient Care Report – The applicant/EMS Provider must have a copy of the patient care report that will be used to document patient care.

#### **4. Medicaid Bond:**

Medicaid Bond – Applicants must show they have a bond for the Medicaid program as required by the Texas Health and Human Services Commission (HHSC).

HHSC Medicaid Bond Information link below:

[http://www.tmhp.com/Provider\\_Forms/Medicaid/F00092\\_Texas\\_Medicaid\\_Provider\\_Surety\\_Bond.pdf](http://www.tmhp.com/Provider_Forms/Medicaid/F00092_Texas_Medicaid_Provider_Surety_Bond.pdf)

For more information about Medicaid visit the web page below:

<http://www.tmhp.com>

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## 5A. Approval from Local Governmental Entity

5A.1 Letter from each Municipality and/or County in which you plan to provide emergency medical service.

5A.2 This letter should be on official letterhead from the respective entity.

5A.3 Please insure your letter addresses each item in Section 773.0573(b)(1 thru 3).

Texas Health and Safety Code

Sec. 773.0573. Letter of Approval From Local Governmental Entity.

(a) An emergency medical services provider applicant must obtain a letter of approval from:

(1) the governing body of the municipality in which the applicant is located and is applying to provide emergency medical services; or

(2) if the applicant is not located in a municipality, the commissioners court of the county in which the applicant is located and is applying to provide emergency medical services.

(b) A governing body of a municipality or a commissioners court of a county may issue a letter of approval to an emergency medical services provider applicant who is applying to provide emergency medical services in the municipality or county only if the governing body or commissioners court determines that:

(1) the addition of another licensed emergency medical services provider will not interfere with or adversely affect the provision of emergency medical services by the licensed emergency medical services providers operating in the municipality or county;

(2) the addition of another licensed emergency medical services provider will remedy an existing provider shortage that cannot be resolved through the use of the licensed emergency medical services

providers operating in the municipality or county; and

(3) the addition of another licensed emergency medical services provider will not cause an oversupply of licensed emergency medical services providers in the municipality or county.

(c) An emergency medical services provider is prohibited from expanding operations to or stationing any emergency medical services vehicles in a municipality or county other than the municipality or county from which the provider obtained the letter of approval under this section until after the second anniversary of the date the provider's initial license was issued, unless the expansion or stationing occurs in connection with:

(1) a contract awarded by another municipality or county for the provision of emergency medical services;

(2) an emergency response made in connection with an existing mutual aid agreement; or

(3) an activation of a statewide emergency or disaster response by the department.

(d) This section does not apply to:

(1) renewal of an emergency medical services provider license; or

(2) a municipality, county, emergency services district, hospital, or emergency medical services volunteer provider

organization in this state that applies for an emergency medical services provider license.

## **5B. Letter of Credit**

Sec. 773.05711. ADDITIONAL EMERGENCY MEDICAL SERVICES PROVIDER LICENSE REQUIREMENTS. (a) In addition to the requirements for obtaining or renewing an emergency medical services provider license under this subchapter, a person who applies for a license or for a renewal of a license must:

(1) provide the department with a letter of credit issued by a federally insured bank or savings institution in the amount of:

(A) \$100,000 for the initial license and for renewal of the license on the second anniversary of the date the initial license is issued;

(B) \$75,000 for renewal of the license on the fourth anniversary of the date the initial license is issued;

(C) \$50,000 for renewal of the license on the sixth anniversary of the date the initial license is issued; and

(D) \$25,000 for renewal of the license on the eighth anniversary of the date the initial license is issued;

## 6. ROTOR WING AIR AMBULANCE

Submit the following information if using Rotor Wing Aircraft.

- 6.0. Attach a document attesting that provider directs and controls the integrated activities of both the medical and aviation components as required by rule 157.12(a). Helicopter(s) meet requirements of rule 157.12 (b). (Must be signed and dated by the applicant/ems provider administrator of record.);
- 6.1. Attach a document attesting that all aircraft meet the specifications of rule 157.12(b). (Must be signed and dated by the applicant/ems provider administrator of record and air carrier agent, if applicable.);
- 6.2. Submit proof that the rotor-wing aircraft applicant/provider carries bodily injury and property damage insurance with a company licensed to do business in Texas in order to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the operation or use of any of the certificate holder's aircraft.
- 6.3. Submit proof that the air ambulance applicant/provider carries professional liability insurance coverage in the minimum amount of \$500,000 per occurrence, with a company licensed to do business in Texas in order to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the care or lack of care of a patient;
- 6.4. Submit a copy of current Federal Aviation Administration (FAA) carrier, operational, and airworthiness certification, as per U.S. Code of Federal Regulations, Title 14, Subchapter G, Part 135.
- 6.5. A document attesting that the air ambulance applicant/provider employs a medical director with the following qualifications (Must be signed and dated by the physician.):
  - 6.5.1. experience consistent with the transport of patients by air;
  - 6.5.2. knowledge of aeromedical physiology, stresses of flight, aircraft safety, resources limitations of the aircraft;
  - 6.5.3. knowledge on Texas EMS laws and regulations affecting local, regional and state operations; and
  - 6.5.4. awareness that the EMS provider has provided safety education for ground emergency services personnel.



- 6.6. Attach a document attesting that medical personnel assigned to patient care have successfully completed education specific to the helicopter transport environment in general and the licensee's operation specifically. The curriculum shall be consistent with the Department of Transportation (DOT) Air Medical Crew - National EMS Education Standards or equivalent program.
- 6.7. Equipment, Supplies and Medications List: Each Applicant/EMS provider shall submit a physician medical director approved list with EMS equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried on each response-ready vehicle. The list must include/comply with the following:
- 6.7.1. Signature of the Medical Director.
  - 6.7.2. Effective date which correspond with the Provider's license.
  - 6.7.3. The list must fully supportive of and consistent with the protocols, of all medical equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried. T
  - 6.7.4. The list shall specify the minimum quantities of each item to be carried and shall specify the sizes and types of each item necessary to provide appropriate care for all age ranges appropriate to the needs of their patients; to include but not limited to Adult, Child/Pediatric and Infant/Neonatal.
  - 6.7.5. The minimum quantities listed shall be appropriate to the provider's call volume, transport times and restocking capabilities.
  - 6.7.6. Rotor Wing Applicants should review the rotor wing rule for specific medical equipment requirements.

[End of Rotor Wing]

## 7. FIXED WING AIR AMBULANCE

Submit the following information if using Fixed Wing Aircraft.

- 7.0. Attach a document attesting that provider directs and controls the integrated activities of both the medical and aviation components as required by rule 157.12(a). Helicopter(s) meet requirements of rule 157.12 (b). (Must be signed and dated by the applicant/ems provider administrator of record.).
- 7.1. Attach a document attesting that all aircraft meet the specifications of rule 157.12(b). (Must be signed and dated by the applicant/ems provider administrator of record and air carrier agent, if applicable.);
  - 7.1.1. If using aircraft from a lease pool, please write LEASE POOL for the VIN on the EMS Vehicle Form.
- 7.2. Submit a copy of current Federal Aviation Administration Air Taxi and Commercial Operator Certification. Must include documents that specify operational authorization for air ambulance taxi.
- 7.3. A document attesting that the air ambulance applicant/provider employs a medical director with the following qualifications (Must be signed and dated by the physician.):
  - 7.3.1. experience consistent with the transport of patients by air;
  - 7.3.2. knowledge of aeromedical physiology, stresses of flight, aircraft safety, resources limitations of the aircraft;
  - 7.3.3. knowledge on Texas EMS laws and regulations affecting local, regional and state operations; and
  - 7.3.4. awareness that the EMS provider has provided safety education for ground emergency services personnel.
- 7.4. Attach a document attesting that medical personnel assigned to patient care have successfully completed education specific to the fixed wing transport environment in general and the licensee's operation specifically. The curriculum shall be consistent with the Department of Transportation (DOT) Air Medical Crew - National EMS Education Standards or equivalent program.

- 7.5. Equipment, Supplies and Medications List: Each Applicant/EMS provider shall submit a physician medical director approved list with EMS equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried on each response-ready vehicle. The list must include/comply with the following:
- 7.5.1. Signature of the Medical Director.
  - 7.5.2. Effective date which correspond with the Provider's license.
  - 7.5.3. The list must fully supportive of and consistent with the protocols, of all medical equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried. T
  - 7.5.4. The list shall specify the minimum quantities of each item to be carried and shall specify the sizes and types of each item necessary to provide appropriate care for all age ranges appropriate to the needs of their patients; to include but not limited to Adult, Child/Pediatric and Infant/Neonatal.
  - 7.5.5. The minimum quantities listed shall be appropriate to the provider's call volume, transport times and restocking capabilities.
  - 7.5.6. Fixed Wing Applicants should review the fixed wing rule for specific medical equipment requirements.
- 7.6. A plan to provide the calculated volume of oxygen plus a reserve equal 1400 liters or the volume required to reach an appropriate airport, whichever is longer;

[END OF FIXED WING]