

## INDEX for North Country Regional EMS Council CON/TOA Policy

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## North Country REMSCO CON/TOA Policy

The purpose of this document is to set forth the provisions of New York State Department of Health Bureau of Emergency Medical and Trauma Services Policy 06-06 which is the controlling policy on Certificates of Need, and how North Country Regional Emergency Medical Services Council interprets and utilizes that Policy. 06-06 controls both new and transferred ALSFR and Ambulance operating authorities.

“New” operating authorities are those that require a demonstration of Need, as that term is defined in 06-06. New operating authorities included:

- a) applications by providers that do not currently hold any operating authority in NYS;
- b) applications by providers who hold authority and seek to expand into new operating territories;
- c) applications by municipal entities seeking to convert an existing two-year temporary operating service into a permanent operating authority;
- d) applications by holders of sixty-day emergency operating authorities seeking to convert to permanent authority.

“Transfer” applications are those where:

- a) a holder of operating authority (individual, corporation, LLC, partnership) sells substantially all the assets related to the EMS service, including the operating authority, to one or more entities;
- b) Ten percent or more of the stock of a corporation that holds operating authority is transferred to another person or entity who does not already hold ten percent or more of the stock of that corporation;
- c) An existing shareholder in a corporation holding operating authority who owns/controls less than ten percent of the stock in that corporation acquires additional stock which would bring the shareholder over the ten percent threshold;
- d) Ten percent or more of the membership shares of an LLC that holds operating authority is transferred to another person or entity who does not already hold ten percent or more of the membership shares of that LLC;
- e) An existing member in such an LLC who holds less than ten percent of the membership shares in that LLC acquires additional membership shares which would bring the member over the ten percent threshold;
- f) Ten percent or more of the partnership interest in a partnership that holds operating authority is transferred to another person or entity who does not already hold ten percent or more of the partnership interest in that partnership;
- g) An existing partner in a partnership holding operating authority who owns/controls less than ten percent of the partnership interest in that partnership acquires additional interest which would bring the partner over the ten percent threshold.

The format for this document is based on 06-06. For each section of that Policy you will find a statement demonstrating how NCREMSCO will interpret and utilize the section.

Introduction (Legal authority): Adopted in its entirety **(06-06 pages 1-2)**

Table of Contents: Appendices 1, 2 and 5 are outdated and no longer relevant based upon decisions and DLA opinions since 2006. NCREMSCO will utilize appendices 3 (voting memorandum to the SEMSCO September 11, 2001) and 4 (The Application Timeline) but will otherwise use its own appendices attached hereto **(06-06 page 3)**

### **Public Need**

06-06 provides the state's definition of Public Need that must be utilized in evaluating any application for operating authority. It is the burden of the applicant to identify with credible evidence a Public Need that it can meet. The variables that are listed in 06-06 do NOT need to all be addressed they are merely suggested variables.

NCREMSCO adopts the definition of Public Need, to wit ***"The Demonstrated absence, reduced availability or an inadequate level of care in ambulance or emergency medical service available to a geographical area which is not readily correctable through the reallocation or improvement of existing resources."***

NCREMSCO will accept as evidence of Public Need data from public dispatch agencies, affidavits or statements from individuals, facilities, governments, or other providers and/or recipients of ambulance or emergency medical services within the applicant's proposed geographic area that services are or are not inadequate or unavailable. The affidavits or statements in support of the application should be as factual as possible and demonstrate specific incidents of inadequate service within the geographic area, and in the case of facilities or governments, what steps were attempted to rectify any inadequacies. Affidavits or statements in opposition to the application should also be detailed and show what services are or could be available to meet any proffered Public Need.

NCREMSCO further acknowledges that the EMS system under its jurisdiction is a balance and decisions will be based on a negative impact analysis. In addition to the identified variables, NCREMSCO will consider the impact on the EMS system as a whole. The Public Need in a geographic territory must outweigh the harm the introduction of a new service within that geographic territory may cause to the system as a whole. An application may be approved only for the limited geographic territory where a Public Need exists, regardless of the scope of the territory requested. **(06-06 page 4)**

### The Application

FORM DOH 3777 is the Application. It must be filled out completely and notarized. Everything else is an attachment. Some attachments are required and some are recommended by DOHBEMS. **(06-06 page 5)**

The following attachments are required by NCREMSCO:

1. *Detailed narrative*: this is the applicant's statement of the Public Need it has identified, the data and/or credible evidence that supports the existence of that Need, and how the applicant proposes to meet that identified need. It must take into consideration the EMS system as a whole. The narrative shall focus on the definition of Public Need; "statements of want, desire, feeling or other unsubstantiated sentiments are not acceptable." Municipal EMS services at the time of conversion must document the impact the municipal CON has had on existing services.
2. *Letters of solicitation and responses*. Letters of solicitation must be sent out to all EMS services with operating authority *that includes or is a part of the primary territory requested by the applicant*. (this is different than the list of recipients in 06-06.) Hospitals, EMS system medical directors, County EMS organizations and coordinators, and municipalities that include or are included in the primary territory requested by the applicant must also be sent a letter of solicitation. (this is different than the list of recipients in 06-06.) Letters of solicitation must include the definition of Public Need and should describe the proposed service, identify the need for the proposed service, and explain how the proposed service will meet the need identified. A copy of the letter of solicitation, a mailing list and all responses received, will be included in the application
3. *DOH 3778's* with required attachments as listed on the 3778 form from all officers, directors, operators and owners of 10% or more of the applicant. In addition, each person completing a 3778 shall include a current resume and detailed information for each category of prior operations checked "yes" on the 3778.
4. *Certificate of incorporation*, organization or other business formation have to be provided for all such entities applying for a CON. Any d/b/a's should be included.
5. The application must include a listing of *all officers (administrative and operational) and directors as well as owners of a 10% or greater interest in the applicant*. (this is different than 06-06 which previously required a listing of all owners, no matter what the ownership interest.) If the disclosed owners hold less than 100% of the ownership interest, an officer of the applicant shall submit an affidavit stating that there are no other owners with a holding of 10% or more in the company.
6. *Financial information* shall be provided in the form of a proposed budget and source of funds. The applicant's EIN must be included on the application.
7. *Primary operating territory* map of the proposed territory subject to the application.
8. *The application fee* of \$6,500.00\*. **(06-06 pages 6-8)**.

**NOTE:** The applicant must submit two (2) original complete application packages, one of which has been redacted by the applicant to delete all birthdates, social security numbers or other confidential identifying information. The REMSCO will forward the un-redacted application to DOHBEMS for its use. The REMSCO will utilize the redacted application for public notice, dissemination to REMSCO members, the public and all other interested persons. The application packages shall be delivered to NCREMSCO by certified mail or personal delivery. **(06-06 page 8)** The NCREMSCO is considering utilizing electronic submission of the redacted copy of the application.

REMSCO responsibility:

NCREMSCO adopts the criteria set forth in **06-06 page 9** item C introduction as supplemented by the “REMSCO obligations in the CON and TOA process” set forth in Appendix A annexed hereto.

1. *Fitness and Competency* shall be determined by DOHBEMS. Fitness and Competency are defined by statute in NYS Public Health Law Section 3005(8). (this is different than 06-06 page 9-10)
2. *Public Notice* shall be provided as set forth in 06-06.
3. *The Public Hearing* shall be conducted as set forth in 06-06 and supplemented by the “REMSCO obligations in the CON and TOA process” set forth in Appendix A annexed hereto.
4. *The determination of Need.* NCREMSCO adopts the procedure set forth in 06-06 and supplemented by the “REMSCO obligations in the CON and TOA process” set forth in Appendix A annexed hereto. **(06-06 pages 9 through 13)**

Issuance of Operating Authority:

NCREMSCO adopts the statement set forth in 06-06.

The Appeal Process:

NCREMSCO adopts the statement set forth in 06-06 **(06-06 pages 13 and 14)**

**Transfer of EMS Service Operating Authority.**

Transfers of Operating Authority (“TOAs”) have changed drastically. There are primarily two types of TOA’s: *Asset transfers* and *Transfers of business ownership interests* in entities holding Operating Authority.

1. Asset transfers occur when substantially all of the assets utilized in providing the EMS service, including the operating authority, are transferred to new owners. There is no requirement that the assets all be transferred to one entity, only that substantially all the assets utilized in the operation of the EMS service are being transferred to other owners at about the same time.
2. Business ownership interest transfers occur when 10 percent or more of the stock, membership interest, or partnership interest in a company, or the parent company of that company, which holds operating authority is transferred to another person or entity not previously an owner of a 10% or greater ownership interest.

These categories replace the ones listed in 06-06 which was written before LLC's and other business formations held operating authority.

Allowable Transfer Circumstances are outlined in NYS Public Health Law Section 3010.

The Application Procedure:

DOH form 3777 is the Application. Sections A, D, E and F only must be filled out and the application must be notarized. Everything else is an attachment. Some attachments are required and some are recommended by DOHBEMS. **(06-06 page 15)**.

NCREMSCO requires the following attachments:

1. DOH 3778's from each officer and director of the company applying to acquire the operating authority and from any individual (except an existing owner of 10% or more ownership interest) acquiring a 10% or more ownership interest in the holder of EMS operating authority. All individuals submitting a 3778 must also submit current resume and detailed information for each category of prior operations checked "yes" on the 3778.
2. A statement of purpose and intent signed by the current holder of the operating authority and the applicant setting forth the purpose and intent of the transaction.
3. A list of continuing uncorrected patient care violations of the applicant for the past 10 years.
4. A copy of any sale document or corporate or municipal resolution authorizing the transfer, with all economic terms redacted.
5. A listing of all owners of 10% or more ownership interest post transfer.
6. A listing of the assets or ownership interests involved in the transfer.
7. A copy of the current operating certificate involved in the transfer.
8. A copy of the certificate of incorporation, certificate of formation or other business organizational document for the applicant, if any.
9. A fee in the amount of \$1,000.00\*. **(06-06 pages 15-16)**

Fitness and Competency:

The only issue in determining whether or not a TOA will be approved is whether or not the proposed new owners of a 10% or greater ownership interest, the officers and the directors of the proposed new owner are fit and competent as those terms are defined by Public Health Law Section 3005(8). The DOH BEMS performs that inquiry and makes that determination. This process replaces the one set forth in 06-06. **(06-06 page 16)**

Review and Approval Process:

NCREMSCO adopts the process set forth in 06-06, as supplemented by "REMSCO obligations in the CON and TOA process" set forth in Appendix A annexed hereto. NCREMSCO opts to not take part in the Fitness and Competency inquiry and determination that is permitted under 06-06. **(06-06 pages 17-18)**

Transfer to Publicly Held Entities and Private Equity Investment Funds.

Based on the changing configurations of new owners and operators acquiring operating authority by TOA, DOHBEMS devised criteria for transferring operating authority to Publicly Held Entities in 2006. Since that time there has developed a new category of owner, the private equity investor/investment fund. Because the Private Equity Investment Fund is similar in structure to a publicly traded entity, the DOHBEMS has utilized the same method and criteria for evaluation TOA applications. NCREMSCO expressly adopts 06-06 “Transferring Operating Authority to Publicly Held Entities” and further expressly adopts that process for Private Equity Investment Funds as proposed owners. **(06-06 page 18-19)**

\* Fees will be reviewed and where necessary, adjusted annually.

## APPENDIX A.

### REMSCO obligations in the CON and TOA process:

#### **PRIOR TO APPLICATION:**

- 1) Designate a staff member or REMSCO member to coordinate the CON process
- 2) Provide applicants for CONs or TOAs with a copy of DOH BEMS Policy 06-06; the NCREMSCOs policy/procedure; sample DOH 3777 and 3778 forms and NCREMSCO calendar of meetings for the next 6 months.
- 3) If asked, provide an applicant with a list of all EMS providers with operating authority within the region.

#### **AT THE TIME OF APPLICATION:**

- 4) Receive the application from applicant and within 7 business days make a determination as to completeness. NCREMSCO should have available a designated staff person or REMSCO member to make such determinations. NOTE: It is not the duty of the reviewer to determine whether or not the applicant has demonstrated Need. It is the duty of the reviewer to determine if there is a completed 3777; 3778's plus required attachments from each person who is required to go through the Fitness and Competency process; a document labeled as responsive to each required attachment as per the checklist. The reviewer may not make judgements as to whether any attachment is sufficient. That is the duty of the full REMSCO at the time of the vote. The sufficiency of attachments will be weighed as the REMSCO determines whether or not the applicant has met its burden to demonstrate Need with competent evidence.
- 5) Notify the applicant of the determination as to completeness.
  - A. If the application for a CON or TOA is not complete, return the application to the applicant with a notice stating the application is incomplete and include a list of items that are missing.
  - B. If the application is complete, notify the applicant in writing. For applications for new operating authority (CON) determine the meeting date that will allow for a vote within 60 days of the date the application is deemed complete. If no meeting date meets that timetable, schedule a special meeting. Determine a date for a Public Hearing before the REMSCO meeting date. Determine a date for mailing of Public Notices. For applications for TOAs, determine the meeting at which the vote will take place. There is no statutory deadline for such meeting.

#### **AFTER THE APPLICATION HAS BEEN DEEMED COMPLETE:**

- 6) Send a copy of the complete application to NYSDOH BEMS via the secure submission portal. Request in writing a fitness and competency determination from BEMS for each person submitting a DOH 3778.
- 7) If the applicant did not submit a redacted copy of the application, the designated CON staff/committee member should redact all identifying information from the application prior to distributing it to all committee members, posting it on the NCREMSCO website and making it available to the public for review.
- 8) Designate or hire a Hearing Officer for the Public Hearing **for CON applications only**. There is no public hearing for TOAs. (For a TOA the REMSCO will skip to step 19 below.) Reserve a space for the Public Hearing. The Public Hearing should, if at all possible, take place within the territory requested by the applicant.
- 9) Publish the Notice of Public Hearing; send notices out to all “concerned parties”; do an affidavit of posting and publication for the record. The Notice of Public Hearing should designate where, when and how information is to be submitted. It should advise the public where a copy of the application may be reviewed. Written comments generally may be submitted up until the time of the Hearing unless an earlier date is stated in the Notice. Any time limits on speakers should also be noted in the Notice.

#### **THE PUBLIC HEARING:**

- 10) The Hearing Officer is in charge of the hearing and should have reviewed the complete application and any opposition or support submitted prior to the Public Hearing.
- 11) The role of the Hearing officer is to conduct the hearing. The Hearing Officer should read into the record the definition of Public Need. There must be a stenographic record made of the Public Hearing.
- 12) Members of the REMSCO CON committee may also be part of the hearing panel. Whether or not Members are to take part must be decided by the REMSCO prior to the Public Hearing.
- 13) The structure of the Public Hearing is up to the Hearing Officer. Generally, the applicant speaks first and responds to questions. Next, any opposition that has formally appeared is afforded an opportunity to speak as to the merits of the application and respond to questions. Thereafter members of the public are allowed to comment.
- 14) Individuals speaking may or may not be sworn; that is up to the Hearing Officer.

- 15) Questions may be asked of the applicant and any other person speaking ONLY by the Hearing Officer or a member of the hearing panel.
- 16) No new evidence may be introduced by the applicant at the Public Hearing. The application, as it had been deemed “complete” is the basis for the determinations to be made. The applicant is limited to explaining what is in the application.

#### **DETERMINATION OF THE HEARING OFFICER:**

- 17) The Hearing Officer is to generate a written report with findings of fact and conclusions of law within 5 business days of the Hearing, or a date to be agreed upon. The Hearing Officer makes a recommendation to the REMSCO on whether or not the applicant has met its burden to demonstrate Public Need. That report and recommendation should be circulated to the REMSCO prior to the meeting at which the application is to be considered.

#### **THE CON COMMITTEE PROCESS:**

- 18) For a CON, the CON committee utilizes the entire application, all written materials submitted in support or opposition, the Hearing Officer’s report and recommendation, the DOHBEMS determination of Fitness and Competency for the applicant and its own understanding of the EMS community to make a determination as to whether or not the applicant has met its burden to demonstrate Need.
- 19) For a TOA, the CON committee utilizes the application and the DOHBEMS determination of Fitness and Competency for the applicant to make its recommendation. **The only issue on a TOA is whether or not the applicant is fit and competent.**
- 20) The CON committee brings forth a seconded motion to the full REMSCO to approve the application. It then gives its reasons and rationale as to whether or not to approve the application. However, prior to the meeting being held, the CON committee must receive back from New York State Department of Health the Fitness and Competency report.

#### **THE REMSCO PROCESS:**

- 21) The REMSCO meeting must have a stenographer.
- 22) All members of the REMSCO should have reviewed (at a minimum) the application and all written materials.
- 23) After receiving the seconded motion from the CON Committee, there should be discussion on the application.
- 24) Individuals other than members of the REMSCO may be allowed to speak.

- 25) The discussion of any CON application should address whether or not there was a demonstration of a public need and whether or not the applicant met its burden in demonstrating that need.
- 26) The discussion of any TOA is limited to whether or not the applicants are fit and competent to operate an EMS service.
- 27) In order to approve an application for a CON, there must be approval by “the majority of the seats filled” on the REMSCO, i.e. if there are 30 members, there must be 16 yes votes. Abstentions and conflicts of interest count as “no” votes.
- 28) Prior to any vote, the chairperson must call for a disclosure of conflicts; only those individuals with a direct pecuniary interest should be conflicted from voting. Any question regarding whether or not a member has a conflict is a question for the REMSCO.
- 29) Voting is done by a roll-call vote.

**AFTER THE VOTE:**

- 30) The results of the roll call vote, a copy of the stenographic record, a recommendation approving or denying the application, and any other documents utilized in the determination should be sent to the DOHBEMS as quickly as possible but in no event more than seven days after the meeting. These documents comprise the Record.
- 31) If the application was for a TOA, the applicant will receive correspondence from DOHBEMS either approving or denying the application, and if approved, instructions to fill out a new agency application and other such paperwork as may be required by the DOHBEMS. There is no right of administrative appeal of a TOA, whether approved or denied.
- 32) If the application was for a CON, DOHBEMS will hold the recommendation in abeyance for the statutory 30 day appeal period. If no appeal is received during that 30 day appeal period, the recommendation of the REMSCO will be affirmed and the application will be deemed approved or denied in accordance with the recommendation of the REMSCO.

**APPEALS:**

- 33) In the event of an appeal, the appellant bears the burden of demonstrating to the SEMSCO that the determination of the REMSCO was error. The role of the REMSCO in the appeal is dependent upon the Administrative Law Judge assigned.

34) It is not until the appeal is complete and the SEMSCO votes on the recommendation of the Administrative Law Judge that a new certificate can issue if approved. The SEMSCO has the right to affirm, reverse or modify the determination of the REMSCO.

35) Determinations of the SEMSCO are reviewable only by and Article 78 Petition brought by the aggrieved party in NYS Supreme Court.

**NORTH COUNTRY REMSCO  
CHECKLIST OR REQUIREMENTS  
APPLICATION PURSUANT TO PHL §3008  
FOR A CERTIFICATE OF NEED  
(new service, expansion, municipal conversion)  
(each item must be checked off as provided by applicant)**

- A. Application for Operating Authority (DOH 3777) signed and notarized\_\_\_\_\_
- B. Affirmations of Fitness and Competency (DOH 3778) for all proposed officers, directors, and owners of 10% or more interest in Applicant) \_\_\_\_\_  
(including resumes and licenses of persons affirming)\_\_\_\_\_
- C. Statement of Need (including projected call volumes, demographics, population increases, effect on other services, data, nature of need, response times, per NCREMSO Policy and DOH Policy 06-06) \_\_\_\_\_
- D. List of Officers, Directors and Owners of a 10% or greater interest in Applicant \_\_\_\_
- E. Uncorrected patient care Deficiency Notices and Malpractice Actions received by applicant in past 10 years (if none, a statement to that effect) \_\_\_\_
- F. Sample Letter of Solicitation; proofs of mailing (affidavit of mailing acceptable) \_\_\_\_\_
- G. Responses to Letter of Solicitation \_\_\_\_\_
- H. Primary Operating Territory Map \_\_\_\_\_
- I. If a conversion or expansion CON, the applicant's Department of Health Ambulance Operating Certificate (current) \_\_\_\_\_
- J. Budget/ Financial information – Certificate of Insurance or letter of intent to insure\_\_\_\_
- K. Certificate of Incorporation; certificate of formation, governmental resolution or other formative document creating the applicant and EIN notice letter. \_\_\_\_\_

REQUIRED APPLICATION FEE OF \$6,500.00\*.

\* Fees will be reviewed annually and, where necessary adjusted.

**NORTH COUNTRY REMSCO  
CHECKLIST OF REQUIREMENTS  
APPLICATION PURSUANT TO PHL §3010  
FOR TRANSFER OF OPERATING AUTHORITY  
*(each item must be checked off as provided by applicant)***

1. Application for Transfer of Ownership (DOH 3777) (completed and signed by Applicant/purchaser) \_\_\_\_\_
  2. Affirmations of Fitness and Competency (DOH 3778s) (completed by each officer, director and owner of 10% or more interest in the Applicant)  
\_\_\_\_\_
- All required attachments per 3778: Resumes: \_\_\_\_\_ Licenses: \_\_\_\_\_
3. Statement of Purpose and Intent (signed by both Parties) \_\_\_\_\_
  4. Statement of End Ownership -Resume of Applicant /Organizational Chart \_\_\_\_\_
  5. List of Owners of 10% or more of Applicant, Officers and Directors of Applicant post transfer \_\_\_\_\_
  6. Applicant's Certificate of Formation (LLC) Certificate of Incorporation (corporation); EIN notification letter \_\_\_\_\_
  7. List of any continuing uncorrected Deficiency Notices and Malpractice Actions related to patient care received by Applicant in past 10 years \_\_\_\_\_
  8. Statement of Seller identity (current owner of Operating Authority)  
\_\_\_\_\_
  9. Seller's Certificate of Formation (LLC) or Certificate of Incorporation (corporation). \_\_\_\_\_
  10. Department of Health Ambulance Operating Certificate held by Seller (current) \_\_\_\_\_
  11. Primary Operating Territory Map \_\_\_\_\_
  12. Copy of Sale Agreement or intention to transfer ownership in whole or in part, if none, state there is none) (price redacted) \_\_\_\_\_
  13. List of all Capital, Property, Plant, Equipment, Receivables, and/or Stock Involved in the proposed transfer \_\_\_\_\_

REQUIRED FEE FOR APPLICATION of \$1,000.00\*

\* Fees will be reviewed annually and, where necessary adjusted.

# Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

Type of Service (check one)

- New service (Sections A,B,C,D,F)
- Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
- Transfer of existing service operating authority (Sections A,D,E,F)

- Ambulance
- ALS First Responder

## Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service	DOH Agency Code	Federal Employer Identification Number
-----------------	-----------------	--

Address	City	State	Zip	County
---------	------	-------	-----	--------

Contact Person	Title
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Business Phone (    )    -	Home Phone (    )    -	Cell Phone (    )    -	E-mail
-------------------------------	---------------------------	---------------------------	--------

Current Organizational Sponsor Type

- |  |   |  |                                     |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Proprietary               | <input type="checkbox"/> Hospital Based       | <input type="checkbox"/> Volunteer Independent | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Volunteer Fire Department | <input type="checkbox"/> Municipal/Government | <input type="checkbox"/> Other _____           |                                     |

Type of Ownership

- |                                     |                                      |                                     |                                      |                              |
|-------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Government | <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC |
|-------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|------------------------------|

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

## Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

For expansion list existing primary operating territory

## Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier

Agent	Business Phone (    )    -
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Types and Limits of Coverage	<input type="checkbox"/> General Liability	<input type="checkbox"/> Other _____
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**Section D Description of Proposed Services**

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

- EMT                                       AEMT                                       Critical Care                                       Paramedic

Agency Medical Director                                      Address                                      City                                      State                                      Phone Number  
(     )     -

Agency Providing Medical Control                                      Phone Number  
(     )     -

System Medical Director                                      Address                                      City                                      State                                      Phone Number  
(     )     -

Size of Population to be Served                                      Days of operation                                      Hours of operation

Projected Call Volume                                      Total \_\_\_\_\_                                      Emergency \_\_\_\_\_                                      Non-Emergency \_\_\_\_\_

Source of Statistics for Call volume                                       PCR                                       Dispatch Center                                       Agency Call Record                                       Other \_\_\_\_\_

Total no. of ambulances                                      Total no. of emergency ambulance service vehicles (EASV'S)                                      Total no. of ALS First Response vehicles

**Section E Proposed Organizational Structure**

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service                                      Federal Employer Identification Number

Address                                      City                                      State                                      Zip                                      County

Contact Person                                      Title

Business Phone                                      Home Phone                                      Cell Phone                                      E-mail  
(     )     -                                      (     )     -                                      (     )     -

Proposed Organizational Sponsor Type  
 Proprietary                                       Hospital Based                                       Volunteer Independent                                       Industrial  
 Volunteer Fire Department                                       Municipal/Government                                       Other \_\_\_\_\_

Proposed Type of Ownership  
 Individual                                       Partnership                                       Government                                       Corporation                                       LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

**Section F Certification of Accuracy and Ownership Competency**

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

- Attachments Required
- Detailed narrative to support need or statement of purpose and intent for transfer
  - Affirmation of Fitness and Competence (DOH-3778)
  - DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
  - Financial information including funding budget and insurance
  - Primary operating territory map

Name of Owner or CEO                                      Title

Signature                                      Date

**Notary Public affirmation and acknowledgement**

**FOR REGIONAL EMS COUNCIL USE ONLY**

Date Application Received \_\_\_\_\_

Date of Council Decision \_\_\_\_\_

Approved     Denied     Rejected – Incomplete

Council Chair Signature \_\_\_\_\_

# Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Name of EMS Agency \_\_\_\_\_ NYS EMS Agency Code \_\_\_\_\_

Full Name of Corporate Entity requiring F&C review as a new owner/operator \_\_\_\_\_

Full Name of Individual \_\_\_\_\_ Title \_\_\_\_\_

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator \_\_\_\_\_

Social Security Number (this is not releasable under the provisions of FOIL) \_\_\_\_\_ Date of Birth \_\_\_\_\_

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- Home or residence licensed by NYS or equivalent in any other state.
- Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

## REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

## Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

**If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.**

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Full Name

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Signature

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Date

## Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

**If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.**

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Full Name

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Signature

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Date

## Notary Public Affirmation and Acknowledgement

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Notary Public Name

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Signature

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Date

**Please affix Notary Public Stamp or equivalent.**