



NC Division of Health Service Regulation
Office of Emergency Medical Services

From the desk of: Paul Anderson
Western Regional Office
3305 16th Avenue SE, Suite 302
Conover, NC 28613
Office 828-466-5558 Fax 828-466-5651

1 - Letter to Rutherford
confirming system
modification removing
American TransMed

2 - Letter to Transmed confirming
receipt of license. State
following:

- License suspended due
to system non-affiliation
- Can be re-established
if affiliated with another
system.
- Cannot run calls in NC
without system affiliation

Office of Emergency Services

EMS System Modification Application

Effective, November 12, 2009

RECEIVED

SEP 24 2012

WRO-EMS

EMS System Modification Application Instructions

The following instructions should assist you in completing the NCOEMS EMS System Modification application. You only need to send in the completed section(s) listed on the **Content Information** page that pertains to your modification along with any required attachment(s). Please contact your regional specialist should you need assistance in completing this application.

1. **Section I. EMS System Information:**
 - a. Must be filled out for **all** System Modifications and must be updated in CIS as information changes. This is system information and not Provider.
 - b. This page is formatted to be completed electronically and saved for future use.
 - c. The System Modification document is to be completed and submitted by the county System Administrator.
2. **Section II. NEW EMS Provider Application:**
 - a. SECTION II.A. This section is for a NEW EMS Provider application. It encompasses licensed and non-licensed Provider applicants. This is strictly Provider information.
 - b. SECTION II.B. This section allows for detailed information as to how the Provider will function within the system. A map or written narrative of service area is required and all information asked for must be addressed for application to be approved.
3. **Section III. The Addition of Current Licensed or Non-Licensed EMS Provider(s) to the EMS System:**
 - a. This section is for a licensed or non-licensed EMS Provider currently functioning in one system and is requesting to function in another EMS system.
 - b. If changes are required for any areas of the current EMS System application, these must be included as attachments to be added in the original application.
4. **Section IV. Modifying the Level of Care for Current Licensed or Non-Licensed Provider(s) participating within the EMS System.**
 - a. Any Provider within a system who is requesting to modify their current level of care must complete this section. This can be either an increase or decrease in level of care.
 - b. If an increase in level of care, a new roster must be included with application.
 - c. If changes are required for any area of the current EMS System application, these must be included as attachments to be added to the original application.
5. **Section V. The Deletion of a Current Licensed or Non-Licensed EMS Provider(s) or Non Traditional Practice Setting in the EMS System:**
 - a. Signatures of System, Provider, and or Hospital Administrator representative are required.
 - b. Documentation is required to explain how service will be provided in the area that the deleted Provider served.
6. **Section VI. EMD Center Information and Application:**
 - a. This section must be completed for all initial EMD Centers, additions, deletions, and changes/updates in the current EMDPRS and EMD con-ed.
7. **Section VII. Medical Oversight:**
 - a) **Section VII A.** If changes are made in protocols, medications, policies, or procedures for the EMS System, completion of this section along with supporting documentation is required. **If an EMS System or Provider would like to change or add a protocol to the existing 2009 NCCEP Patient Care Treatment Protocols, the Medical Director must contact Dr. Greg Mears, NCOEMS Medical Director for approval before development of the additional protocol(s). Dr. Mears can be reached electronically at gd@med.unc.edu. Approval letter from the NCOEMS Medical Director and the OEMS is required before implementation of changes.**
 - b) **Section VII.B.** If the system adds an Assistant Medical Director or changes System Medical Director, **even if interim**, this section is required. This section provides all the mandatory NCCEP requirements. If a Medical Director or Assistant Medical Director is deleted, only name is required.

Note: Please be prepared to present documentation or other information supporting your answer."

8. Section VIII. Endorsements:

- a. This section clarifies whose signatures are required based on sections that are being modified and must be sent with any modification submission. **Note: The County Manager's signature is not required, when through written delegation or resolution, the system administrator has been delegated authority to act on behalf of the county.**

A completed application with all required attachments must be submitted to the appropriate regional office. Modifications that require approval must be submitted at least 30 days and receive notification from the OEMS prior to implementation. Incomplete applications are subject to be returned or may result in delayed approval. Further inquiries are to be directed to the appropriate regional office. All system modification applications must be approved by the county EMS System Administrator.

Note: Please be prepared to present documentation or other information supporting your answer."

**EMS SYSTEM MODIFICATION
APPLICATION
CONTENT INFORMATION AND SELECTION**

Application Date: 8-17-12

Proposed Implementation Date: 9-1-12

Descriptive Title: Deletion of EMS System Provider

This modification involves: (Check all boxes that apply, complete appropriate sections, and attach any required documentation.)

- Section**
- I. EMS System Information (Page 5)**
(Section must be completed for any modification)
- II. New EMS Provider Application: (Page 6)**
 Licensed Provider Non-licensed Provider
(Complete sections I, II and VIII)
- III. The Addition of Current Licensed or Non-Licensed EMS Provider(s) to the EMS System (Page 8)**
(Complete sections I, III, and VIII)
- IV. Modifying the Level of Care for of Current Licensed or Non-Licensed Provider(s) participating Within and or outside the EMS System (Page 10)**
(Complete sections I, IV, and VIII)
- V. Deletion of any System Provider or Non Traditional Practice Setting: (Page 12)**
 Licensed Provider Non-Licensed Provider Non Traditional Practice Setting
(Complete sections I, V, and VIII)
- VI. EMD Center Information and Application: (Page 13, 14)**
 Addition or Deletion to an EMS System
(Complete sections I, VI, and VIII)
- VII. Medical Oversight: (Page 15)**
 A. Protocol, Medication, Polices or Procedure Modification (Page 15)
(Complete sections I, VII (A), and VIII)
 B. System Medical Director or Assistant Modification and Requirements (Page 16, 17)
(Complete sections I, VII (B), and VIII)
- VIII. Endorsements (Page 18)**

Note: Please be prepared to present documentation or other information supporting your answer."

I. EMS System Information

1. Must be filled out for all System Modifications. This is system and not Provider information.
2. This page is formatted to be completed electronically and saved for future use.
3. The System Modification Document is to be completed and submitted to the NCOEMS by the county System Administrator.
4. If any of the below information has changed, please update in CIS data base prior to submission and highlight below what is new.

EMS System:

Level of System: EMT-B EMT-I EMT-P

Number of Modifications: 1

Descriptive Title: Deletion of EMS System Provider

Proposed Implementation

Date: 8-1-12

County Manager: Carl Classen

County: Rutherford

Co. Manager Address: 289 N. Main St. Rutherfordton, NC 28139

Phone: 828-287-6061

Fax Number: N/A

Email

Address:

carl.classen@rutherfordcountync.gov

Pager: N/A

Mobile: N/A

Contact Person: **Richard Pettus, EMS Director**

Title:

Phone: 828-287-6075

Fax Number: 828-287-6489

Email Address:

richard.pettus@rutherfordcountync.gov

Pager: N/A

Mobile: 828-288-1369

Mailing Address: 339 Callahan Koon Rd.

City: Spindale

State: NC

Zip: 28160

Medical Director: Bobby England, Medical Director

Phone: 828-287-6075

Fax Number: 828-287-6489

Email

Address:

richard.pettus@rutherfordcountync.gov

Pager: N/A

Mobile: 828-288-1369

Mailing Address: 339 Callahan Koon Rd.

City: Spindale

State: NC

Zip: 28690

RAC Affiliation:

Completed application must be submitted to the appropriate regional office. Modifications that require approval must be submitted at least **30 days** and receive notification from the OEMS prior to implementation. Further inquiries are to be directed to the appropriate regional office. **All system modification applications must be approved by the county EMS System Administrator.**

WESTERN

Western Regional EMS Office
3305 16th Ave. S.E.
Suite 302
Conover, NC 28613
828-466-5548 Office
828-466-5651 Fax

CENTRAL

Central Regional EMS Office
120 Penmare Drive, Suite 108
2717 Mail Service Center
Raleigh, NC 27699-2717
919-715-2321 Office
919-715-0498 Fax

EASTERN

Eastern Regional EMS Office
404 St. Andrews Street
Greenville, NC 27834
252-355-9026 Office
252-355-9063 Fax

Note: Please be prepared to present documentation or other information supporting your answer."

V. The Deletion of Current Licensed, Non-Licensed EMS Provider(s), and Non Traditional Practice Settings in the EMS System

1. Signatures of System and Provider or Hospital Administrator representative are required.
2. Documentation is required to explain how service will be provided in the area that the deleted Provider served unless a Non Traditional Practice Setting.
3. Required Endorsements: *County Manager, System Administrator and Provider and Hospital Administrator

IF THIS PROPOSAL INVOLVES MORE PROVIDERS, ATTACH ADDITIONAL PAGES FOR EACH PROVIDER.

Provider Name: American TransMed

Provider Number: 5811199

License/Approval Number: 1572

Expiration Date: 8-31-15

Last Date of Provider service: 8-31-12

Provide documentation of how the service area will be covered 24 hours a day and state reason for deletion.

If deleted Provider is not functioning in another EMS System, please attach the original copy of their Provider license.

**For Non-Traditional Practice Setting(s)
Deletion only:**

If a Non-traditional practice setting is deleted, this section is required.

Last Date of Service: _____ Reason for deletion, _____ (Complete* in lieu of signature page)

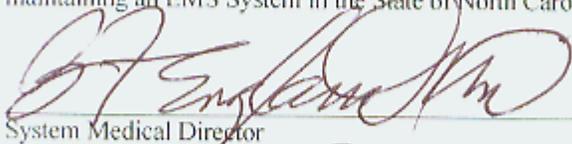
_____*	_____*
Facility Administrator Signature Type/print name	Date
_____*	_____*
System Medical Director Signature Type/print name	Date
_____*	_____*
System Administrator Signature Type/print name	Date

Note: Please be prepared to present documentation or other information supporting your answer."

VIII. ENDORSEMENTS

Please type or print the name and title under each required signature. If additional signatures are required, attach an extra copy of this sheet.

We, the undersigned, have reviewed this **EMS SYSTEM MODIFICATION APPLICATION** and all attachments. We fully approve, support, and endorse this modification with a thorough involvement and understanding of our respective roles and responsibilities in maintaining an EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.



System Medical Director

Type/print name **Dr. Bob England**

8-27-12

Date



EMS System Administrator

Type/print name **Richard Pettus, EMS Director**

8/24/12

Date



County Manager (see note below)

Type/print name **Carl Classen**

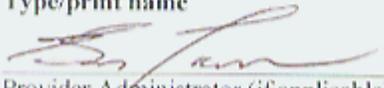
Aug 27, 2012

Date

County Manager, Outside of Service Area (if applicable)

Type/print name

Date



Provider Administrator (if applicable)

Type/print name **Brian Lawson, American TransMed**

Aug 31, 2012

Date

Provider Administrator (if applicable)

Type/print name

Date

Hospital/Facility Representative (if applicable)

Type/print name

Date

Other (if applicable)

Type/print name

Date

Note: The County Manager's signature is not required, when through written delegation or resolution, the system administrator has been delegated authority to act on behalf of the county.

For NCOEMS Use Only

Date Received NCOEMS _____

Regional Specialist Signature _____

Note: Please be prepared to present documentation or other information supporting your answer."



Rutherford County Emergency Services

339 Callahan Koon Road
Spindale, North Carolina 28160
Voice: (828) 287-6075
Fax: (828) 287-6489



To: NC Office of EMS

From: Richard Pettus, Emergency Services Director

Date: August, 17, 2012

Reference: Additional Items for Deletion of Provider

This memo is intended to provide the additional required documentation as required within the NCOEMS System Modification Document to delete a current provider. The additional information requested is as follows:

- American TransMed will be deleted from the Rutherford County EMS System Plan effective September 1, 2012. It was decided by the Rutherford County Board of Commissioners that Rutherford County EMS would add on any additional resources and provide this service to the citizens of the county. The last day of operations for American TransMed within the system will be Friday, August 31, 2012. Previously, American TransMed had been the primary provider of scheduled convalescent services. These services will now be provided by Rutherford County EMS – Specialized Transport Division.
- It is the understanding of the Rutherford County EMS System that American TransMed is not currently affiliated with any other EMS System within North Carolina. As such and per requirements with the NCOEMS System Modification Document, we have included the original license for American TransMed.

In summary, I am confident you will find all of the needed information included within this packet. If you need any additional information or clarification concerning the deletion of American TransMed from the Rutherford county EMS System, please feel free to let me know.

State of North Carolina



Office of Emergency
Medical Services

Department of Health and Human Services
Division of Health Service Regulation

Medical Care
Commission

Having met the requirements of North Carolina General Statute 131E-155.1 and the rules of the North Carolina Medical Care Commission for the licensing of EMS Agencies.

AMERICAN TRANSMED, INC.
is hereby issued an
EMS Agency License

This License, Number 1572, expires the last day of August, 2015

Office of Emergency
Medical Services



Medical Care
Commission