

**NORTH CAROLINA ASSOCIATION OF RESCUE & EMERGENCY MEDICAL SERVICES, INC.**

**P.O. BOX 1914, GOLDSBORO, N.C. 27533-1914 TELEPHONE: 919/736-0506 FAX: 919/736-7759**

**E-MAIL: [ncarems@ncarems.org](mailto:ncarems@ncarems.org)**

**CERTIFICATE OF ELIGIBILITY**

**AMBULANCE RESCUE PROVIDER**

\*\*\* PLEASE PRINT OR TYPE

NAME OF DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ST. ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

DEPARTMENT EMAIL ADDRESS \_\_\_\_\_

COMM CENTER PHONE #( ) \_\_\_\_\_ BUSINESS PHONE #( ) \_\_\_\_\_

DEPARTMENT CELL PHONE #( ) \_\_\_\_\_ FAX # \_\_\_\_\_

CAPTAIN/CHIEF \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

WORK PHONE #( ) \_\_\_\_\_ HOME PHONE #( ) \_\_\_\_\_ CELL #( ) \_\_\_\_\_

SECRETARY \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

WORK PHONE #( ) \_\_\_\_\_ HOME PHONE #( ) \_\_\_\_\_ CELL #( ) \_\_\_\_\_

DOES YOUR SQUAD PROVIDE?

RESCUE ONLY \_\_\_ EMS ONLY \_\_\_ EMS/FIRE \_\_\_ EMS/RESCUE \_\_\_ EMS/FIRE/RESCUE \_\_\_ FIRE/RESCUE \_\_\_

**COPY OF STATE CHARTER & CONTRACT**

**WITH CITY / COUNTY, INDICATING DISTRICT OF AUTHORITY,**

**MUST ACCOMPANY THIS CERTIFICATE OF ELIGIBILITY**

DEPT. NAME \_\_\_\_\_

**TO BE SIGNED & NOTARIZED BY CITY OR COUNTY OFFICIAL**

THIS IS TO CERTIFY THAT THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE,  
OPERATING IN:

\_\_\_\_\_ CITY OR COUNTY

\_\_\_\_\_ SIGNED  
COUNTY OR CITY OFFICIAL

\_\_\_\_\_ TITLE

(NOTARY SEAL)

COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_, APPEARED BEFORE ME THE SAID INDIVIDUAL DESCRIBED  
HEREIN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND HE (OR SHE) DULY ACKNOWLEDGED TO ME THAT HE (OR SHE)  
EXECUTED SAME AND THAT THE STATEMENT THEREIN CONTAINED WERE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE AND  
BELIEF.

MY COMMISSION EXPIRES: \_\_\_\_\_ NOTARY PUBLIC

**TO BE SIGNED & NOTARIZED BY DEPARTMENT OFFICIAL**

THIS IS TO CERTIFY THAT THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE:

\_\_\_\_\_ SIGNATURE, SQUAD OFFICIAL

\_\_\_\_\_ TITLE

(NOTARY SEAL)

COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_, APPEARED BEFORE ME THE SAID INDIVIDUAL  
DESCRIBED HEREIN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND HE (OR SHE) DULY ACKNOWLEDGED TO ME THAT HE (OR  
SHE) EXECUTED THE SAME AND THAT THE STATEMENTS THEREIN CONTAINED WERE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE  
AND BELIEF.

MY COMMISSION EXPIRES: \_\_\_\_\_ NOTARY PUBLIC

**BOTH SIGNATURES ARE REQUIRED**

**MINIMUM STANDARD REQUIREMENTS - NCAR&EMS**

**AMBULANCE RESCUE PROVIDER**

**1. MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:**

PLEASE PROVIDE VERIFICATION OF CERTIFICATION OF THE EIGHT (8) PERSONNEL HOLDING NCOEMS CREDENTIALS. VERIFICATION EXAMPLES MAY INCLUDE, BUT ARE NOT LIMITED TO CERTIFICATES, TRANSCRIPTS, ETC.

**A MINIMUM OF EIGHT (8) PERSONNEL SHALL BE CERTIFIED AS MEDICAL RESPONDERS OR HIGHER AS SPECIFIED BY THE AHJ PRIOR TO CERTIFICATION IN THIS AREA. Note: OEMS REQUIRES AT LEAST ONE EMT AND ONE MEDICAL RESPONDER TO ADEQUATELY STAFF AN AMBULANCE**

**2. TYPE OF RESCUE TO PERFORM:**

As specified by the contract with the AHJ but not less than the requirements set forth by N.C. OEMS for a permitted ambulance.

**3. VEHICLE:**

VEHICLE(S) SHALL BE CAPABLE OF TRANSPORTING RESCUE PERSONNEL AND EQUIPMENT TO AN INCIDENT SAFELY AND CANNOT EXCEED THE VEHICLE'S TOTAL GVWR, INCLUDING THE CHASSIS, BODY, AND MEDICAL CARE EQUIPMENT WHEN LOADED. ALL EQUIPMENT SHALL BE LOADED ON APPARATUS AND RESPONSE READY.

**4. NIMS TYPING INFORMATION:**

This standard currently meets NIMS Typing Criteria IV. Organizations wishing to certify at a higher level must meet the additional requirements for personnel, equipment and training. To locate this information cut and paste the following link into your web browser. Under the heading of "Emergency Medical Services" locate "Ambulances Ground" and follow the specific requirements.

[http://www.fema.gov/pdf/emergency/nims/508-3\\_emergency\\_medica\\_%20services\\_%20resources.pdf](http://www.fema.gov/pdf/emergency/nims/508-3_emergency_medica_%20services_%20resources.pdf)

NCAR&EMS, INC.,  
REPRESENTATIVE \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ YES \_\_\_\_\_ NO INSPECTOR'S SIGNATURE: \_\_\_\_\_

NIMS TYPE: \_\_\_\_\_  
I, II, III, and IV

This standard currently meets Type IV

For organizations wishing to certify at a higher level see #4 above