

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

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E-MAIL: ncarems@ncarems.org

STATEMENT 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 ___

DOCUMENTS NEEDED TO CERTIFY & MUST ACCOMPANY THIS STATEMENT OF ELIGIBILITY:

- 1) COPY OF STATE CHARTER**
- 2) AUTHORITY TO OPERATE WITH CITY/COUNTY**

AUTHORITY TO OPERATE

TO BE SIGNED & NOTARIZED BY CITY OR COUNTY OFFICIAL

THIS IS TO CERTIFY THAT _____
Name of Department

IS AN ACTIVE OPERATING SERVICE, OPERATING IN _____ CITY
OR COUNTY AND IS HEREBY AUTHORIZED TO PROVIDE **AMBULANCE SERVICE** IN THE ABOVE MENTIONED
CITY OR COUNTY.

COUNTY OR CITY OFFICIAL PRINT NAME _____ SIGNED

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 _____
Name of Department

IS AN ACTIVE OPERATING SERVICE, OPERATING IN _____ CITY
OR COUNTY AND IS HEREBY AUTHORIZED TO PROVIDE **AMBULANCE SERVICE** IN THE ABOVE MENTIONED
CITY OR COUNTY.

DEPARTMENT OFFICIAL PRINT NAME _____ SIGNED

TITLE

(NOTARY SEAL)

COUNTY OF _____ STATE OF _____

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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

Ambulance Rescue Provider Inspectors Initials _____

Revised: 12/31/18

MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

AMBULANCE RESCUE PROVIDER

1. MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:

NUMBER OF PERSONNEL WITH CERTIFICATION

(ENTER NUMBER OF PERSONNEL WITH EACH CERTIFICATION)

FIRST RESPONDER - _____ MEDICAL RESPONDER - _____ EMT - _____

EMT-I - _____ EMT-P - _____ RESCUE CERTIFIED - _____ RN/MICN - _____

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.

<https://rtlt.preptoolkit.fema.gov/Public/Resource/ViewFile/3-508-1028?type=Pdf&q=AMBULANCE>

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