

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

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CERTIFICATE OF ELIGIBILITY

AMBULANCE RESCUE PROVIDER

*** PLEASE PRINT OR TYPE

NAME OF UNIT _____ DATE _____

MAILING ADDRESS _____ ST. ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

UNIT EMAIL ADDRESS _____

EMERGENCY PHONE #() _____ SOCIAL PHONE #() _____ E-MAIL _____

DATE ORGANIZED _____ NON-PROFIT ORGANIZATION { } YES { } NO # OF MEMBERS _____

BUSINESS MEETING NIGHT _____ TRAINING NIGHTS _____

CAPTAIN/CHIEF _____ EMAIL ADDRESS _____

BUSINESS PHONE () _____ HOME PHONE () _____

SECRETARY _____ EMAIL ADDRESS _____

BUSINESS PHONE () _____ HOME PHONE () _____

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

NCAR&EMS, INC.,
REPRESENTATIVE _____

DATE: _____

APPROVED: _____ YES _____ NO

NIMS TYPE: _____
I, II, III, and IV

This standard currently meets Type IV

For organizations wishing to certify at a higher level see page 3

TO BE SIGNED BY COUNTY OR CITY 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)

BOTH SIGNATURES ARE REQUIRED

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

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 - # _____ RT - # _____ MICN - # _____ NO CERTIFICATION - # _____

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 by 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