OKLAHOMA State Department of Health

# EMRA Renewal / Survey Form

A transport agency license is surveyed, renewed, or denied for renewal are subject to following regulation - Emergency Medical Response Agency [OAC 310:641-15-6]

**EMRA Name:** ______________________________ **License No.:** ____________

**Select one (Option 1 or Option 2):**

☐ **Option 1:**
Your agency license expiration date is **June 30, 2024**.

Your completed application must include:
1. Completed Renewal/Survey Form.
2. Renewal Fee: $20.00
3. Insurance verification of:
   - Current Vehicle Liability Insurance.
   - General (Professional) Liability Insurance.
   - Workers Compensation Insurance.

. 4. Mail all required forms and fees to:
Financial Management-Emergency Systems
Oklahoma State Department of Health
PO Box 268823
Oklahoma City, OK 73126-8823

☐ **Option 2**
Your Agency License expiration date is **June 30, 2025**.

Your completed application must include:
1. Completed Renewal/Survey Form
2. Insurance verification of
   - Current Vehicle Liability Insurance.
   - General (Professional) Liability Insurance.
   - Workers Compensation Insurance.
3. Completed forms may be
   - Emailed to Esystems@health.ok.gov; or
   - Faxed to 405-900-7560; or
   - Mailed to:
     Emergency Systems
     Oklahoma State Department of Health
     123 Robert S. Kerr Avenue, Suite 1702
     Oklahoma City, OK 73102-6406

**General Information:**

Mailing Address: ______________________________

Physical Address: ______________________________

Record Retention Address: ______________________________

Agency Phone: ____________________ Emergency Phone: ____________________

Office Hours: ______________________________

The agency business hours are the hours someone is available to:
1. Receive business calls other than emergency requests for service;
2. Meet members of the public; and/or
3. Meet a representative from the Department for inspections.

**Contact Information:**

Director: ____________________ Email: ____________________ Phone: ____________

Contact Person: ____________________ Email: ____________________ Phone: ____________

Training Officer: ____________________ Email: ____________________ Phone: ____________

Medical Director: ____________________ Email: ____________________ Phone: ____________

**Multi-Agency Substations: The stations on this list are considered satellite stations for a multi-agency EMRA. Stations on this list will be departments or agencies who operate under your EMRA certification but are owned by other entities. These substations will be required to show their own proofs of insurance as asked for above. Substations owned by the same entity that owns your agency should be submitted on a separate print-out.**

Number of Substations: __________

Complete the information below or provide the information separately.

| Substation Name | Address | City | State | Zip |
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Note: OSDH–Emergency Systems may request additional information not included on this form, as needed.

**I hereby certify that all information on this form is complete, true, and correct to the best of my knowledge.**

**Signature** **Date**

**Print Name** **Title**

For further information:
Oklahoma State Department of Health
Protective Health Services
Emergency Systems/EMS Division
Telephone: 405-426-8480
Fax: 405-900-7560
Email: ESystems@health.ok.gov