

4766-3-02

Application for initial or renewal licensure.

[Comment: For dates and availability of material incorporated by reference in this chapter of the Administrative Code, see rule 4766-3-18 of the Administrative Code.]

(A) An ambulette service applying for initial licensure shall file with the board an ~~application on the form prescribed by the board, as published on the board's website at <http://omb.ohio.gov/Forms/Form2.pdf>, dated April 16, 2012,~~ "Application for Ambulette License" form in the English language, and shall submit the completed application to the board ~~accompanied by the appropriate fee as defined in rule 4766-3-03 of the Administrative Code;~~

(1) Accompanied by the appropriate fees as set forth in rule 4766-3-03 of the Administrative Code; and

(2) With all required supporting documentation as set forth in this rule.

(B) An ambulette service applying for renewal of a license shall file with the board a "Renewal Application for Ambulette License" form in the English language, and shall submit the completed application to the board:

(1) Accompanied by the appropriate fees as set forth in rule 4766-3-03 of the Administrative Code; and

(2) With all required supporting documentation as set forth in this rule that must be received by the board prior to the expiration date of the license.

~~(B)~~(C) In addition to the requirements set forth in section 4766.04 of the Revised Code, for each application the ambulette service applicant shall provide and maintain documentation of:

(1) The name of service, organizational structure and address of applicant as follows:

(a) Name;

(b) Identification of organizational structure as a corporation (whether for profit or not-for-profit); limited liability company; partnership; limited liability partnership; government unit; or sole proprietor (individual human);

(c) Tax identification (tax ID) number or employer identification number (EIN);

~~(e)~~(d) All other names under which applicant plans to operate while using the

same tax ID or EIN number. Business organizations with different tax ID or EIN numbers cannot operate under the same license;

~~(d)~~(e) Copies of all trade name registrations and fictitious name registrations for all other names under which applicant plans to operate on file with the Ohio secretary of state;

~~(e)~~(f) Address of physical location of applicant's headquarters (no post office box);

~~(f)~~(g) Mailing address of applicant; and

(h) List of all ambulette drivers working for the service and the date of hire for each ambulette driver.

(2) All ~~medicare provider numbers, all~~ medicaid provider numbers, if applicable;

(3) Service areas including county and state;

(4) ~~The street~~For each satellite base, the ambulette service shall provide the physical address, city, county, state, and zip code ~~for each satellite base;~~

(5) The name of the primary contact person(s), business or administrative office telephone number, email address of applicant, and if applicable, office fax number ~~and e-mail address of applicant;~~

(6) ~~Names~~A list of the names of all officers, directors, and/or owners of applicant/ambulette service;

(7) Year of manufacture, make, model, vehicle identification number, service's vehicle number, odometer reading, and license plate number (renewal only) of each ambulette applicant seeks to be permitted;

(8) A color photograph of the side of applicant's ambulette displaying color scheme, insignia, monogram, or other distinguishing characteristic. If multiple color schemes, insignias, monograms, or other distinguishing characteristics are used, a color photograph of each ~~must~~shall accompany application. ~~(Digital photographs are preferred.);~~

(a) Color photographs shall be submitted to the division:

(i) With all initial "Application for Ambulette License" forms; and

(ii) Within thirty days of the date a change is made to the vehicle's color scheme, insignia, monogram, or other distinguishing characteristics.

(b) Digital photographs are preferred.

(9) A current and valid certificate of liability insurance in the name of applicant, listing ~~Ohio medical transportation~~ the board as a certificate holder with a thirty day cancellation notice as specified in section 4766.06 of the Revised Code;

(a) The actual name on the license application shall appear on the certificate of liability insurance;

(b) Each permitted vehicle with vehicle identification number (VIN) shall be listed on the certificate of liability insurance.

~~The actual name on the licensure application shall appear on the certificate of liability insurance;~~

~~(C)(D)~~ Each applicant shall pay the appropriate fees as specified in rule 4766-3-03 of the Administrative Code. An application that is not completed in the manner specified on the application or does not include all required documentation shall be deemed incomplete.

~~(D)(E)~~ If an application for licensure is incomplete, the board will notify the applicant that the application will not be processed until it is complete. Such notification will occur via certified mail one time for each submission. An application deemed incomplete shall not be considered and may be returned with the notation to the applicant indicating the reason the application is incomplete.

(F) Failure to provide the required documents within thirty days of the date the initial "Application for Ambulette License" form is received by the division may result in the application being deemed incomplete.

(G) An ambulette service shall submit a completed "Renewal Application for Ambulette License" form, appropriate fees, and supporting documentation to the board prior to the expiration of the ambulette service's license in order to be considered timely.

~~(E)(H)~~ No applicant or licensee licensed ambulette service shall submit false, misleading, or deceptive ~~statements~~ information in order to obtain a license or permit.

~~(F)(I)~~ A license is only valid for the ambulette service for which it is issued and is not transferable.

Effective:

Five Year Review (FYR) Dates: 03/17/2017

Certification

Date

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