

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
EMS & TRAUMA SYSTEMS SECTION

INSTRUCTIONS

When submitting your application for licensure/relicensure be sure there is a complete Part 1 (Life Support Agency Application (BHS/EMS-180). Each Part 1 must include the required signature of the legally responsible person within your life support agency and the medical control authority medical director of each county within your geographic service area. In addition to the Part 1 application, a completed Certificate of Insurance form (BHS-EMS-0092) for your agency and a completed Part 2 (Life Support Vehicle Application, BHS/EMS-181) for each vehicle must be submitted.

When applying for licensure renewal, any information on the pre-printed renewal application that is incorrect, draw a line through it and enter the correct information either above or next to the preprinted information.

Return all forms, including correct payment (if required) to the address indicated on the front of this application. (See required fees on the front of this application) Effective May, 2004 late fees are required for MFR agencies if not received by the renewal expiration date.

NOTE: Regardless of the number of medical control authorities you are under, you are only required to pay a single agency fee of \$100.00. Make check or money order payable to: State of Michigan.

Advise the department immediately of any changes that would alter the information contained on the licensure application.

Any application packet received by the Michigan Department of Community Health, that is not properly completed will be returned to the life support agency for correction. Each agency should retain copies of all applications and correspondence communicated to our office.

The Department of community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, disability or political beliefs. If you need assistance with reading, writing or hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.