# Ohio Department of Public Safety
# Division of Emergency Medical Services



# Medical Transportation Licensing System
# Ambulance, MoICU, and Air Medical
# Online Application - User Guide



*January 2020*

# Contents

**NOTE: It is the medical transportation services responsibility to keep the Contact, Executive and Insurance information up-to-date.**

**Communications regarding your medical transportation license will be emailed to the contacts and/or executives.**

# Identity Manager

Log into Identity Manager using the following link: https://services.dps.ohio.gov/EMSMTLS/

If you have not registered with Identity Manager you will need to do so before you can proceed.

For help registering, go the Ohio EMS webpage, Medical Transportation section, then

**MTLS Online "How To"** for information.
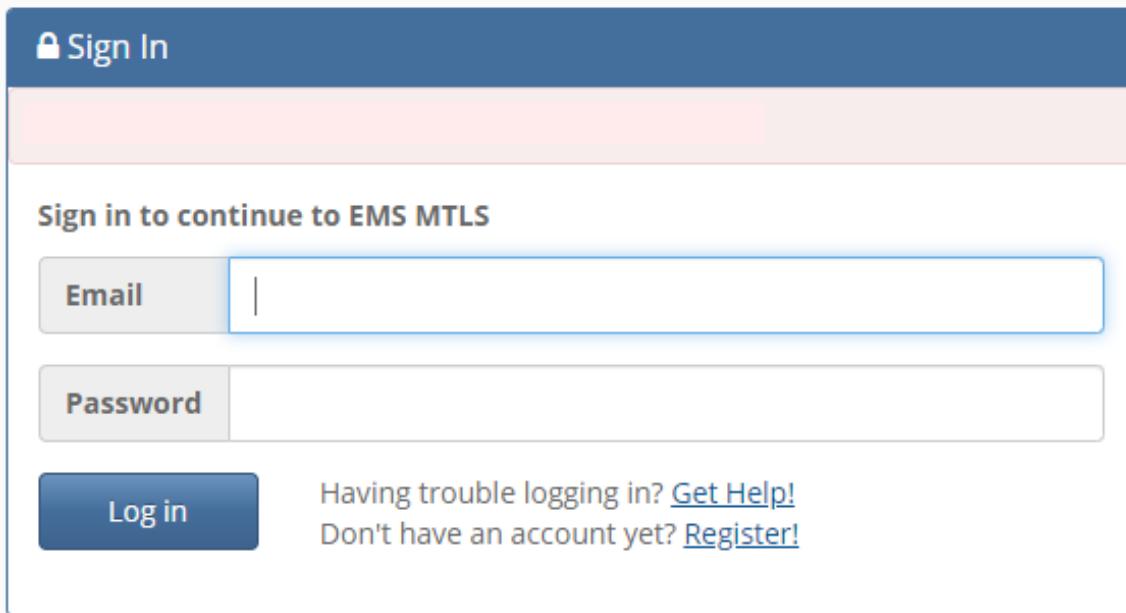
## ODPS Identity Manager
### Single sign-on for the Ohio Department of Public Safety

🔒 **Sign In**

**Sign in to continue to EMS MTLS**

| Email | |
|---|---|
| **Password** | |

**Log in**

Having trouble logging in? Get Help!
Don't have an account yet? Register!

# MTLS Online System Home Page



## Overview

1. New Services Application

   - To apply for a new Ambulance / MoICU, or Air Medical license.

2. Manage Access

   - This area allows the administrator to grant access to add up to 3 users.

     o *This option will only appear IF you are the admin of a service.*

3. My Profile

   - To request access to be the administrator of an existing service.

4. Active / Pending Application(s)

   - This area displays the service(s) that you have access to.

     *NOTE: Hovering over the "Action" area will allow you to:*

     1. View details of the application

     2. Update the application

     3. Show when you are eligible to renew

5. Submitted / In Process Application(s)

   - This area shows pending, draft or in process applications.

# Apply for a new Medical Transportation License

**New Service Application**
To submit new service application.

- The following pop up box will automatically appear. The pop up provides you with required information you will need in order to complete an application.
- Please check the box at the bottom of the page indicating that you have read and understand the information. Click on "Start Application" to begin.

## New Service Application Requirements

Before proceeding with this application, please ensure the following:

1. You have read and understand the licensing requirements in Sections 4766 of the Ohio Revised Code and Ohio Administrative Code;
   ORC 4766 | OAC 4766
2. You have your Federal Tax ID Number or E.I.N
3. The following documents will be needed to upload into the application:
   - Certificate of Insurance
   - Blank Trip/Run Report
   - Color Photo of the Vehicle
4. Certificate of Insurance
   - General Liability (Min. $500,000 each occurrence and General Aggregate)
   - Vehicle Liability (Min. $350,000 combined single limit each occurrence or Min. $100,000 bodily injury / person, $300,000 / accident, $50,000 property)
   - Insured name and address is the same as on the application
   - Thirty (30) day cancellation notice
   - State Board of Emergency Medical, Fire, and Transportation Services 1970 West Broad St. Columbus, Ohio 43223 is listed as certificate holder.
5. Fees:

| Service License Fee: | $100 |
|---|---|
| Ambulance: | $200 per vehicle |
| Mobile Intensive Care Unit: | $200 per vehicle |
| Non-Transport Vehicle: | $200 per vehicle |
| Ambulette: | $100 per vehicle |
| Medical Aircraft: | $200 per vehicle |

☐ I have read and understand the application requirements

Cancel    Start Application

## <u>Select the Service Type</u>

- Ambulance / MoICU
- Air Medical



## **Before starting an application:** *(Please note the following)*

✓ The RED * indicates required fields.

✓ In order to move to the next tab of the application all required information must be completed.

✓ The information will be saved when you "save and continue" or "save and close" the application. When you return to the application, you can go directly to where you left off.

✓ If you cancel the first page of the application before saving, the application will be lost.

✓ Draft applications or applications that have not been submitted must be submitted within thirty (30) days from when the application was started or it will be automatically be deleted.

# Completing the Application

## Tab 1 (Details)

## Tab 2 (Medical Director)

- Ambulance / MoICU and Air Medical must supply information about their Medical Director.

- Please provide business contact information.

- When you click on "Save and Continue", a pop up box will automatically appear.

- In order to proceed, the service must attest that their medical director meets the requirements of a medical director pursuant to Section 4765-3-05 of the Ohio Administrative Code.

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🏠 Home / Medical Director

**Service Name:** ABC Ambulance     **Service Code:** Unassigned     **Service Type:** Ambulance/MoICU     **Status:** Draft New

| Service Type | Details | Medical Director | Contacts | Service Area | Satellites | Vehicles | Insurance | Documents | Confirmation | Invoice | Complete |
|---|---|---|---|---|---|---|---|---|---|---|---|

### 👤 Medical Director     🖫 Save and Close

**Medical Director**     * Denotes Required Field

| First Name* | Middle Initial | Last Name* | License Number* | Business Phone Number* |
|---|---|---|---|---|
| | | | 99.999999 | (999) 999-9999 |

| Business Address* | Address 2 | Business Email Address* |
|---|---|---|
| | | |

| City* | State* | Zip* |
|---|---|---|
| | ▼ | 99999 |

Cancel     ◀ Save and Previous     Save and Continue ▶

## Medical Director Attestation      ✕

Medical directors and assistant medical directors must meet ALL of the following qualifications:

1. Possession of a valid Ohio medical license;
2. Active involvement in the provision of emergency care to patients;
3. Active participation with one or more EMS organizations, including but not limited to:
   - Conducting performance improvement programs;
   - Conducting education programs;
   - Conducting protocol updates.

**Medical director must possess one of the following:**

4. Board certification by the "American Board of Emergency Medicine" or the "American Osteopathic Board of Emergency Medicine";
5. Board eligibility by completion of an emergency medicine residency program recognized by the "American Board of Medical Specialties" or the "American Osteopathic Association";
6. Board certification by a medical specialty board recognized by the "American Board of Medical Specialties" or the "American Osteopathic Association," followed by successful completion of an emergency medical services fellowship;
7. Board certification by the "American Board of Pediatrics" or the "American Osteopathic Board of Pediatrics," followed by successful completion of a pediatric emergency medicine fellowship program accredited by the "Accreditation Council for Graduate Medical Education" or the "American Osteopathic Association Program and Trainee Review Council";
8. Subspecialty board certification by the "American Board of Emergency Medicine" in emergency medical services.

**Current Medical Directors:**

If you are a current medical director but do not possess one of the requirements listed above, (4), (5), (6), (7), or (8), but meets the qualifications in (1), (2), and (3) you must:

A. Show completion of a medical directors course approved by the EMFTS board; and
B. Submit to the board written verification of EMS medical director experience and verification that the individual conducted performance improvement programs or training.

**New Medical Directors:**

A physician who meets the qualifications in (1), (2), and (3) but does not possess one of the requirements listed above in, (4), (5), (6), (7), or (8), and wishes to become a new medical director shall do all of the following:

A. Complete an EMS medical director's course approved by the board. A list of courses which have been reviewed and deemed acceptable by the board is available at http://ems.ohio.gov/ems_rpab.stm;
B. Petition the board for a waiver of the emergency medicine residency program requirement. The state medical director, in conjunction with the RPAB chairs, will review the petition for waiver and make a recommendation to the board;
C. Submit any and all additional information or documents requested by the board, the state medical director, or the RPAB chairs to support the petition.

**Additional qualifications of all Medical Directors:**

A. Evidence of high ethical standards and no conflicts of interest;
B. Utilizes aggregate data from the division in peer review and quality improvement programs at the local level;
C. Required to participate in peer review and quality improvement programs, as provided in section 4765.12 of the Revised Code.

☐ **I have read the qualification requirements for a physician to service as Medical Director and attest that the physician that serves as medical director for my EMS agency meets or exceeds the requirements.**

Close    Save changes

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## Tab 3 (Contacts and Executives)

- Click on "Add Contacts" to add up to 3 individuals who will receive correspondence from the Medical Transportation section regarding your medical transportation service. One contact must be designated as primary.
- Click on "Add Executives" to add up to 5 people.

**NOTE: It is the medical transportation services responsibility to keep the contact and executive information up to date. Communications regarding your medical transportation license will be e-mailed to the contacts and/or executives.**

🏠 Home / Service Contacts

| **Service Name:** ABC Ambulance | **Service Code:** Unassigned | **Service Type:** Ambulance/MoICU | **Status:** Draft New |
|---|---|---|---|

Service Type — Details — Medical Director — Contacts — Service Area — Satellites — Vehicles — Insurance — Documents — Confirmation — Invoice — Complete

### 👥 Service Contacts                                      🖫 Save and Close

#### Contacts                                               ➕ Add Contact

No Contacts Present

You must add at least 1 contact before moving on

#### Executives                                             ➕ Add Executive

No Executives Present

You must add at least 1 executive before moving on

Cancel                          ◀ Save and Previous    Save and Continue ▶

Question regarding the EMS MTLS, please email: medicaltransportation@dps.ohio.gov Or call 800.233.0785 and ask for an EMS MTLS Coordinator
**Disclaimer | Privacy Policy | Ohio EMS | Contact Us**

Tab 3 (Continued)

## Contact Details

**First Name***

**Middle Initial**

**Last Name***

**Business Phone Number***

(999) 999-9999

**Ext**

**Business Email***

Close    **Save**

## Executive Details

**First Name***

**Middle Initial**

**Last Name***

**Title***

**Business Phone Number***

(999) 999-9999

**Business Email***

Mailing Address

☐ Same as Service Address?

**Business Address***

**City***

**State***

**Zip***

99999

Close    **Save**

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## Tab 4 (Service Area)

- Hover over and click on the county(ies) of your primary service area.

**Tab 5 (Satellites)**

- A satellite location is a company owned physical address where employees report to work and vehicles are housed other than the headquarters location.

- To add a satellite location(s), click on "+Add Satellite".

- Add the satellite information where indicated then select "Save". Follow the same process for adding additional satellite locations.

- When finished adding satellite locations, click on "Save and Continue".

## Tab 6 (Vehicles)

- You must have at least one vehicle in order to be licensed.

- To add a vehicle, click on "Add Vehicle".

- Add required vehicle information where indicated then select "Save". Follow the same process for adding additional vehicles.

- When finished adding vehicles, click on "Save and Continue". You will proceed to the next tab.

🏠 Home  /  Service Vehicles

**Service Name:** ABC Ambulance  **Service Code:** Unassigned  **Service Type:** Ambulance/MoICU  **Status:** Draft New

| Service Type | Details | Medical Director | Contacts | Service Area | Satellites | Vehicles | Insurance | Documents | Confirmation | Invoice | Complete |
|---|---|---|---|---|---|---|---|---|---|---|---|

🚗 Vehicles                                                           🖪 Save and Close

<div>
Vehicles                                                          + Add Vehicle

No Vehicles Present

You must add at least 1 vehicle before proceeding
</div>

Cancel                                    ◀ Save and Previous    Save and Continue ▶

Question regarding the EMS MTLS, please email: medicaltransportation@dps.ohio.gov Or call 800.233.0785 and ask for an EMS MTLS Coordinator
**Disclaimer | Privacy Policy | Ohio EMS | Contact Us**

Tab 6 (Continued)

For Ambulance/MoICU Vehicles (Option of Ambulance, MoICU and Non-Transport)

**Vehicle Details**                                    * Denotes Required Field    ✕

Vehicle Type*          Year*          Make*                        Model*

VIN*                        Odometer*              License Plate              Service Vehicle Number

Close    Save

For Air Medical Vehicles (option of Fixed Wing or Rotor Wing as vehicle type)

**Vehicle Details**                                    * Denotes Required Field    ✕

Vehicle Type*          Year*          Make*                        Model*

Tail Number*                Airframe Hours*              Service Vehicle Number

Close    Save

## Tab 7 (Insurance)

- Add General Liability and Vehicle Liability insurance. The information must match the Certificate of Insurance that will need to be uploaded in Tab 8.

 **\*\*Licensed services must maintain General and Vehicle insurances at all times\*\***

**\*\* *The insurance information must be kept up to date in the MTLS online system*\*\***

## Tab 7 (Continued)

(Air Medical)

### Enter Insurance General Information

| | | | |
|---|---|---|---|
| Effective Date | mm/dd/yyyy | Expiration Date | mm/dd/yyyy |
| General Insurance Agent | | General Insurance Company | |
| Policy Number | | | |

$20,000,000 each occurrence ○ Yes ○ No          $20,000,000 general aggregate ○ Yes ○ No

30 Day Cancellation Notice ○ Yes ○ No

[ Add ]  [ Cancel ]

### Vehicle Insurance Details

**\* Denotes Required Field** ✕

**Policy Number\***

**Effective Date\***

**Expiration Date\***

**Vehicle Insurance Company\***

**Vehicle Insurance Agent\***

**Scheduled Vehicle\***
○ Yes  ○ No

**Any Auto or All Owned Autos\***
○ Yes  ○ No

**30 Day Cancellation Notice\***
○ Yes  ○ No

**Minimum $350,000 Combined Single Limit / Each Occurence\***
○ Yes  ○ No

**Or**

**Minimum $100,000 Bodily Injury / Per Person\***
○ Yes  ○ No

**Minimum $300,000 Bodily Injury / Per Accident\***
○ Yes  ○ No

**Minimum $50,000 Bodily Injury / Per Accident\***
○ Yes  ○ No

[ Close ]  [ Save ]

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## Tab 8 (Document Upload)

- Click on "Add Document"
- The following documents are required to be uploaded in PDF format only:
    1. "Certificate of Insurance": - Must include General Liability and Vehicle Liability
    2. "Blank Trip / Run Report"
    3. "Color Photo of the vehicle logo" - One photo

🏠 Home / Documents

**Service Name:** ABC Ambulance     **Service Code:** Unassigned     **Service Type:** Ambulance/MoICU     **Status:** Draft New

| Service Type | Details | Medical Director | Contacts | Service Area | Satellites | Vehicles | Insurance | Documents | Confirmation | Invoice | Complete |
|---|---|---|---|---|---|---|---|---|---|---|---|

**⬆ Documents**     🖫 Save and Close

**Documents**     **+ Add Document**

No Documents Present

You must add at least one of each Document Type before moving on

Cancel     ◀ Save and Previous     Save and Continue ▶

Question regarding the EMS MTLS, please email: medicaltransportation@dps.ohio.gov Or call 800.233.0785 and ask for an EMS MTLS Coordinator
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### Document Upload     ✕

- The maximum allowed file size is 10 MB
- The following file types are permitted: .pdf
- The following are not considered proof of insurance: Photo ID, Declarations Page

**Document Type***

[     ▾ ]

**File***

[ Choose File ] No file chosen

Close     Save

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### Tab 9 (Confirmation Page)

- This page displays the information entered into the application.

- Please review for accuracy.

- Once reviewed, check the box at the bottom of the page indicating that you have reviewed the information provided for accuracy. Click on "Save and Continue".

### Tab 10 (Invoice and Payment)

- A detailed invoice of charges will appear for your review prior to submitting payment.

- This page may be printed and used as an invoice for financial purposes.
  - You may click "save and close" at the top to exit the process but not lose any of your completed work.

- Click "Proceed to Payment" to access the payment website.

## <u>Payment Options</u>

1. Credit or Debit Card – Additional Transaction Fee Applies

2. Bank Account (e-check) – No Additional Fee

Once you have been directed to the payment website, follow the prompts and choose your method of payment.
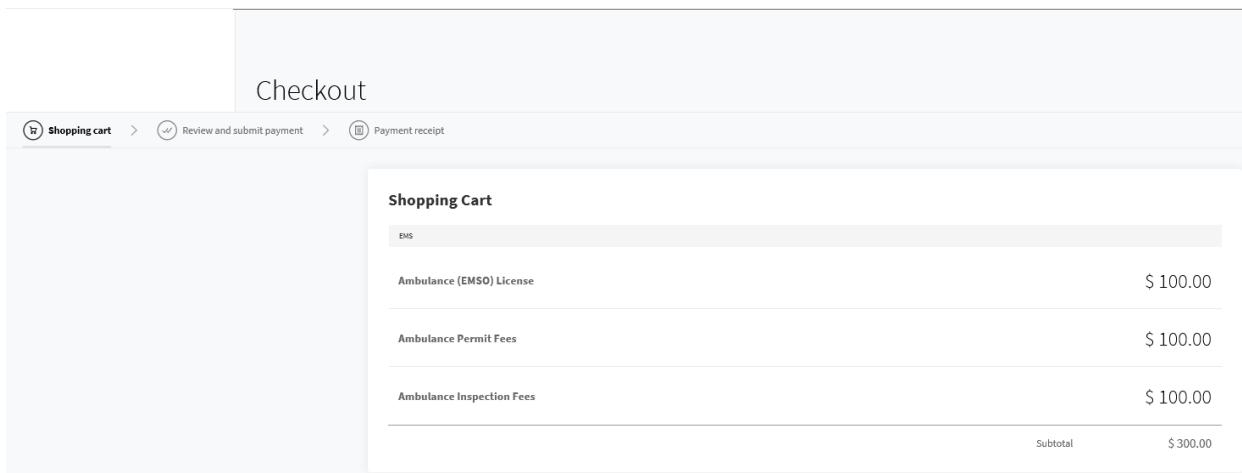
Checkout

🛒 **Shopping cart** > ✓ Review and submit payment > 🧾 Payment receipt

**Shopping Cart**

EMS

| | |
|---|---|
| **Ambulance (EMSO) License** | $ 100.00 |
| **Ambulance Permit Fees** | $ 100.00 |
| **Ambulance Inspection Fees** | $ 100.00 |
| Subtotal | $ 300.00 |
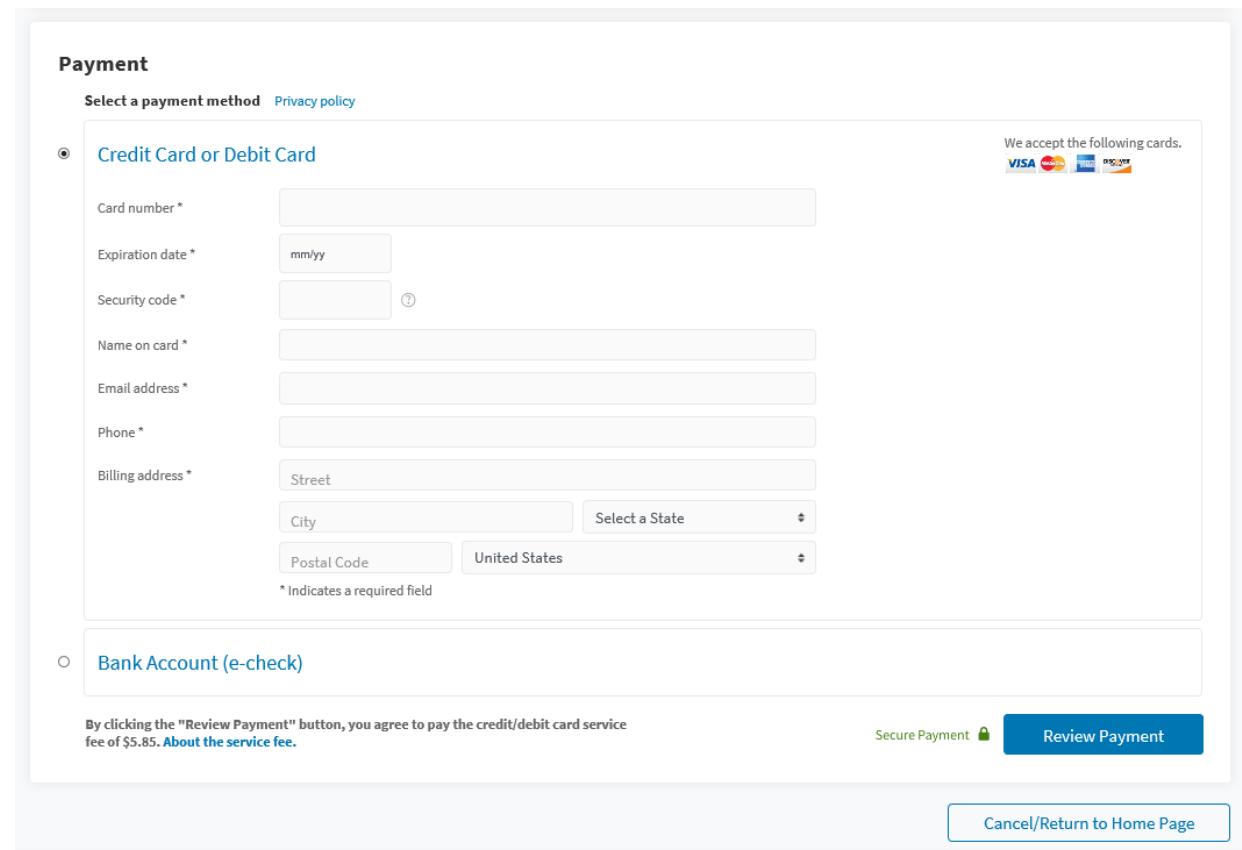
**Payment**

**Select a payment method**   Privacy policy

◉ **Credit Card or Debit Card**

We accept the following cards.
VISA MasterCard AMEX DISCOVER

Card number *

Expiration date *   mm/yy

Security code *   ⓘ

Name on card *

Email address *

Phone *

Billing address *   Street

City   Select a State ⬍

Postal Code   United States ⬍

\* Indicates a required field

○ **Bank Account (e-check)**

By clicking the "Review Payment" button, you agree to pay the credit/debit card service fee of $5.85. **About the service fee.**

Secure Payment 🔒   **Review Payment**

**Cancel/Return to Home Page**

# Payment Options (Continued)

○ **Bank Account (e-check)**

Bank account payments can only be made from **regular U.S. checking or savings accounts** in U.S. dollars. Most checks issued from money market accounts, credit card companies, mutual funds, brokerage accounts, home equity or other lines of credit **cannot** be processed as a bank account payment. Please verify with your financial institution that there is no alternate routing number required for bank account payments.

**Bank account payments returned by your bank for ANY REASON will void your payment. Additional fees may be charged as a result of returned payments.**



**Routing number** (9 digits)     **Account number** (up to 17 digits)     **Check number** (do not use)
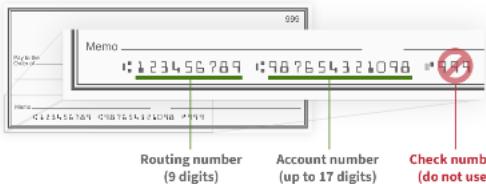
*SAMPLE CHECK ONLY - Your check layout may vary.*

| | |
|---|---|
| Routing number * | |
| Account number * | |
| Confirm account number * | |
| Account type | ● Checking  ○ Savings |
| Name on account * | |
| Email address * | |
| Phone * | |
| Billing address * | Street |
| | City    Select a State |
| | Postal Code    United States |
| This account is | ● Personal  ○ Business |

\* Indicates a required field

Secure Payment 🔒    **Review Payment**

**Cancel/Return to Home Page**

Payment Options (Continued)



After you have completed entering your Credit Card / E-Check information, you will have one final confirmation page prior to submitting the payment.

You will then be given the opportunity to print the "receipt" from the payment website prior to returning to the MTLS website.