



Ambulance Service Inspection Manual

Updated 2025

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<ul style="list-style-type: none"> • Copy of current Ambulance License Issued by the Office of EMS • Online License Application Documents 	License Application (Tab 1)
<ul style="list-style-type: none"> • Copy of current Primary Service Area Description as assigned by the Office of EMS 	Primary Service Area (Tab 2)
<ul style="list-style-type: none"> • Copies of Mutual Aid Agreements • Copies of Staffing Agreements 	Mutual Aid (Tab 3)
<ul style="list-style-type: none"> • Current Ambulance Service Roster • Personnel Qualification files • Verification of Driver Requirements 	Personnel Roster / Driver (Tab 4)
<ul style="list-style-type: none"> • Medical Director Statement • Adult, Pediatric, Trauma, & Stroke Guidelines • Medical Director Contact Information • Medical Control Agreement (ALS only) 	Medical Direction (Tab 5)
<ul style="list-style-type: none"> • EMS Personnel Education Records • Medical Director Annual Skills Verification Form • New Attendant Variance Form • Designee Form 	Education Verification (Tab 6)
<ul style="list-style-type: none"> • Complaint Procedure • Procedure for Maintaining Ambulance & Equipment • Procedures for Procuring & Storing Drugs • Procedures for Infection Control 	Operations (Tab 7)
<ul style="list-style-type: none"> • Ambulance Maintenance Records • Ambulance Checklists (Rig Checks) • Equipment Maintenance Records 	Maintenance Records (Tab 8)
<ul style="list-style-type: none"> • Radio Communications Plan 	Communications (Tab 9)
<ul style="list-style-type: none"> • 24 Hours Written On-Call Schedules 	Call Schedule (Tab 10)
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AMBULANCE SERVICE INSPECTION FORM

Date: _____

Insp #: _____

Licensee:				Box Manufacturer:	
Vehicle Identification Number (VIN):	Year:	Make:	Model:	Unit #:	Mileage:

Minnesota Statutes 144E.18 INSPECTIONS.

The board may inspect ambulance services as frequently as deemed necessary to determine whether an ambulance service is in compliance with sections 144E.001 – 144E.33 and rules adopted under those sections. The board may review at any time documentation or electronic files required to be on file with a licensee.

DOCUMENTS (Must be on file)

- ☐ License App. Documentation (MR 4690.0200, Subp. 3)
- ☐ PSA Description (MR 4690.3400)
- ☐ Mutual Aid Agreement (MS 144E.101, Subd. 12)
- ☐ Personnel Roster and Files (MS 144E.101, Subd. 11(a))
- ☐ Driver (MS 144E.101, Subd. 10)
- ☐ ALS Hardship Variance Granted (MS 144E.101, Subd. 7(f))
- ☐ Medical Director Statement (MS 144E.101, Subd. 11(b))
 - ☐ Adult Guidelines (MS 144E.265, Subd. 2(4))
 - ☐ Pediatric Guidelines (MS 144E.265, Subd. 2(4))
 - ☐ Trauma Guidelines (MS 144E.101, Subd. 14)
- ☐ ALS Medical Control Agreement (MS 144E.101, Subd. 7(d))
- ☐ Annual Med. Dir. Skill Verification (MS 144E.265, Subd. 3)
- ☐ Variance for Drugs (MR 4690.8300, Subp. 7)
- ☐ Variance Maintenance (MR 4690.8300, Subp. 8)
- ☐ Approved Special Procedures (MS 144E.101, Subd. 6(d))
- ☐ MD Documents Date Last Signed _____
- ☐ Operational Procedures (MS 144E.125)
 - ☐ Internal/External Complaints
 - ☐ Maintenance of Ambulance and Equipment
 - ☐ Drug Procurement & Storage
 - ☐ Infection Control
- ☐ Maintenance, Sanitation, & Testing of Equipment (MS 144E.103, Subd. 2(a)(7) & MR 4690.1800 A)
- ☐ Written Schedule (MS 144E.101, Subd. 11(a)(1))
- ☐ MNSTAR Pre-hospital Care Data (MS 144E.123)

AMBULANCE REQUIREMENTS

- ☐ State Decal (MR 4690.8000)
- ☐ Ambulance Standards (MR 4690.1500)
- ☐ Communications Equipment (MS 144E.103 Subd. 5 & MR 4690.2000)
- ☐ Maintenance/Sanitation of Ambulance & Equipment (MS 144E.103 Subd. 2(a)(1-6) & MR 4690.1800)

EQUIPMENT (MS 144E.103, Subd. 1, 2, 3, 4)

- ☐ Oxygen
- ☐ Airway Maintenance Equipment to Accommodate All Age Groups
 - ☐ Supraglottic Airway _____
- ☐ Splinting Equipment to Accommodate All Age Groups
- ☐ Dressings, bandages, commercially manufactured tourniquet
- ☐ Emergency Obstetric Kit
- ☐ Equipment to Determine Vital Signs to Accommodate All Age Groups
- ☐ Stretcher
- ☐ Defibrillator – Pad Expiration: _____
- ☐ Fire Extinguisher _____ (date of last charge)
- ☐ Opiate Antagonist
- ☐ Secure Storage
- ☐ Safety restraints & Seat Belts
- ☐ Variance Medications
 - ☐ Inhaler ☐ Neb ☐ Epinephrine ☐ Nitro ☐ Glucagon

ALS REQUIREMENTS (MS 144E.101, Subd. 7(b))

- ☐ Advanced Airway Management _____
- ☐ Manual Defibrillation _____ (type of device)
- ☐ Administration of IV Fluids
- ☐ Pharmaceuticals

AIR AMBULANCE SERVICE REQUIREMENTS (MS 144E.121)

- ☐ Aviation Compliance
- ☐ Personnel
- ☐ Equipment

Comments:

Licensee Authorized Official:	Date:
OEMS Authorized Official:	Date:

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TAB 1: DOCUMENTS

- Licensing Application Documents

Purpose of Section This section provides Ambulance Services with the license application information required to submit for licensing.	Forms to Include <ul style="list-style-type: none"> Copy of Current Ambulance Service License, issued by the State EMS Office Copy of Online Ambulance Service License Application, every 2 year renewal
Minnesota Statutes / Rules	
Contents of All Applications	
Minnesota Rules 4690.0200 sub 3. Documentation of information.	Applicants shall retain in their files documentation of all statements made in applications for licensure.
Ambulance Service Licensing	
Minnesota Statute 144E.10 License Required	No natural person, partnership, association, corporation, or unit of government may operate an ambulance service within this state unless it possesses a valid license to do so issued by the director. The license shall specify the base of operations, the primary service area, and the type or types of ambulance service for which the licensee is licensed. The licensee shall obtain a new license if it wishes to expand its primary service area, or to provide a new type or types of service.
Minnesota Statute 144E.11 sub 9 Ambulance Service License Procedure – Renewal Requirements	An ambulance service license expires two years from the date of licensure. An ambulance service must apply to the director for license renewal at least one month prior to the expiration date of the license and must submit: <ol style="list-style-type: none"> (1) an application prescribed by the director specifying any changes from the information provided for prior licensure and any other information requested by the director to clarify incomplete or ambiguous information presented in the application; and (2) the appropriate fee as required under section 144E.29.
Ambulance Service Licensing Instructions and Applications https://mn.gov/oems	

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TAB 2: PRIMARY SERVICE AREA

- Service Area Description

Purpose of Section PSA Descriptions are defined by Statute and the State EMS office, not your County PSAP. Copies of your most recent PSA Description can be obtained by contacting your specialist	Documents to Include <ul style="list-style-type: none"> Copy of Current PSA Description as assigned by the State EMS office. <p>https://mn.gov/oems</p>
Minnesota Statutes / Rules	
Primary Service Area	
Minnesota Statute 144E.06	The director shall adopt rules defining primary service areas under which the director shall designate each licensed ambulance service as serving a primary service area or areas.
Designation of Primary Service Area	
Minnesota Rules 4690.3400 sub 1 Declaration Requirements	An applicant for a new license, for a change in type of service or base of operation, or for expansion of a primary service area must declare the primary service area that it intends to serve and seek designation of that area. A primary service area must contain one base of operation and may contain substations
Subpart 3 Maximum Primary Service Area	The maximum primary service areas designated, as measured from a base of operation or substation, may not exceed: <ol style="list-style-type: none"> eight miles or ten minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that include any portion of a city of the first class; 15 miles or 20 minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that include any portion of a city of the second class; or 25 miles or 30 minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that do not include any portion of a city of the first or second class.

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TAB 3: MUTUAL AID

- Agreements for Mutual Aid
- Agreements for Continual Service (staffing)

Purpose of Section It is recommended Mutual Aid Agreements are updated at the time either signatory on the agreement changes.	Documents to Include <ul style="list-style-type: none"> • Copies of Ambulance Service Mutual Aid Agreements • Written Agreements for Continual Service
Minnesota Statutes / Rules	
Ambulance Service Requirements	
Minnesota Statutes 144E.101 Sub. 12 (A) Mutual Aid Agreements	(a) A licensee shall have a written agreement with at least one neighboring licensed ambulance service for the preplanned and organized response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local ambulance transport resources have been expended. The response is predicated upon formal agreements among participating ambulance services. A copy of each mutual aid agreement shall be maintained in the files of the licensee and shall be filed with the director for informational purposes only.
Minnesota Statutes 144E.101 Sub. 12 (B) Mutual Aid Agreements (Staffing agreements)	A licensee may have a written agreement with a neighboring licensed ambulance service, including a licensed ambulance service from a neighboring state if that service is currently and remains in compliance with its home state licensing requirements, to provide support to the primary service area of the licensee upon the licensee's request. The agreement may allow the licensee to suspend ambulance services in its primary service area during the times the neighboring licensed ambulance service has agreed to provide all emergency services to the licensee's primary service area. The agreement may permit the neighboring licensed ambulance service to serve the licensee's primary service area for up to 24 hours per day, provided service by the neighboring licensed ambulance service does not exceed 108 hours per calendar week. This paragraph applies only to an ambulance service whose primary service area is mainly located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St.

	Cloud, or an ambulance service based in a community with a population of less than 2,500 persons.
Minnesota Statutes 144E.101 Sub. 3 Continual Service	An ambulance service shall offer service 24 hours per day every day of the year, unless otherwise authorized under subdivisions 8 and 9.

TAB 4: PERSONNEL

- Personnel Roster
- Driver Files/Records

Purpose of Section This section verifies the credentials of ambulance service personnel including verification of MN Registration/Certification and driver eligibility. Driver verification must include the date the driver last completed an Emergency Vehicle Driving Course.	Documentation to Include <ul style="list-style-type: none"> • Current Roster of Ambulance Service Personnel and Drivers. • Qualification Files • Policy outlining the Licensee's approved training that includes behind the wheel requirements.
Minnesota Statutes / Rules	
Ambulance Service Requirements	
Minnesota Statutes 144E.101 Subdivision 11. Personnel roster and files.	(a) An ambulance service shall maintain: <ul style="list-style-type: none"> (2) a current roster of its ambulance service personnel, including the name, address, and qualifications of its ambulance service personnel; and (3) files documenting personnel qualification.
Driver Requirements	
Minnesota Statutes 144E.101 Subdivision 10. Driver.	A driver of an ambulance must possess a valid driver's license issued by any state and must have attended an emergency vehicle driving course approved by the licensee. The emergency vehicle driving course must include actual driving experience.
<p><i>Driving Courses Requirements: As indicated in the Minnesota Statute each driver of an ambulance must have attended an emergency vehicle operation course that is approved by the licensee (ambulance service). Commercial courses such as EVOC (Emergency Vehicle Operations Course) or CEVO (Coaching the Emergency Vehicle Operator) may be a course approved by your ambulance service; they are not specifically required for drivers of ambulances. During periodic inspections the State EMS Office will review the ambulance service written policy for driver training requirements and documentation of completion of the requirement for each driver. It is recommended that ambulance services consult with their insurance carrier when reviewing driving training requirements they are approving.</i></p> <p><i>Driver's License: To ensure compliance with the requirement that drivers of the ambulance have a valid driver's license, ambulance services should have a policy to verify the validity of a DL. Drivers utilized under a staffing hardship must apply as a driver in the Minnesota eLicense Portal.</i></p> <p><i>Ambulance service records need to reflect personnel qualifications at all times and need to be updated for driver's license renewals on or before the renewal date of each driver. An ambulance service has the option of using crew members identified as "non-drivers" (attendant only). Files documenting personnel qualifications must be kept on file with the ambulance service inspection records for periodic review.</i></p>	

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TAB 5: MEDICAL DIRECTION

- Variance and Protocols/Guidelines

Purpose of Section Medical Directors shall, by written statement approve Adult, Pediatric, and Trauma guidelines for all ambulance services	Forms to Include <ul style="list-style-type: none"> • Copy of Annual Medical Director Statement • Copy of Medical Director Approval for variances. • Medical Director Contact Information • Medical Control Agreement (ALS/PT ALS)
Minnesota Statutes / Rules	
Ambulance Service Requirements	
Minnesota Statutes 144E.101 Subd. 11b Personnel Roster and Files	(b) A licensee shall maintain in its files the name and address of its medical director and a written statement signed by the medical director indicating acceptance of the responsibilities specified in section 144E.265, subdivision 2.
Minnesota Statutes 144E.265 Subd. 2 Medical Director	Responsibilities. Responsibilities of the medical director shall include, but are not limited to: <ol style="list-style-type: none"> 1) approving standards for training and orientation of personnel that impact patient care; 2) approving standards for purchasing equipment and supplies that impact patient care; 3) establishing standing orders for prehospital care; 4) approving triage, treatment, and transportation protocols for adult and pediatric patients; 5) participating in the development and operation of continuous quality improvement programs including, but not limited to, case review and resolution of patient complaints; 6) establishing procedures for the administration of drugs; and 7) maintaining the quality of care according to the standards and procedures established under clauses (1) to (6).

<p>144E.101 subd 7 (d) Medical Control Agreement This is a signed agreement with your Medical Director</p>	<p>An ambulance service providing advanced life support shall have a written agreement with its medical director to ensure medical control for patient care 24 hours a day, seven days a week. The terms of the agreement shall include a written policy on the administration of medical control for the service. The policy shall address the following issues:</p> <ul style="list-style-type: none"> (1) two-way communication for physician direction of ambulance service personnel; (2) patient triage, treatment, and transport; (3) use of standing orders; and (4) the means by which medical control will be provided 24 hours a day. <p>The agreement shall be signed by the licensee's medical director and the licensee or the licensee's designee and maintained in the files of the licensee.</p>
<p>144E.101 subd. 14 Trauma triage and transport guidelines</p>	<p>By July 1, 2010, a licensee shall have written age appropriate trauma triage and transport guidelines consistent with the criteria issued by the Trauma Advisory Council established under section 144.608 and approved by the board. The board may approve a licensee's requested deviations to the guidelines due to the availability of local or regional trauma resources if the changes are in the best interest of the patient's health.</p>
<p>Subd. 7. Stroke transport protocols</p>	<p>Regional emergency medical services programs and any ambulance service licensed under this chapter must develop stroke transport protocols. The protocols must include standards of care for triage and transport of acute stroke patients within a specific time frame from symptom onset until transport to the most appropriate designated acute stroke ready hospital, primary stroke center, thrombectomy-capable stroke center, or comprehensive stroke center.</p>

Additional procedures approved by the ambulance service medical director (including but not limited to ECG, supraglottic airways, intraosseous insertion, 12-lead application, etc.) must adhere to the training records and skill verification requirements.



Ambulance Service Medical Director Change / Update Form

Minnesota Statutes 144E.265, Subd.1. Medical Director. *A medical director shall: (1) be currently licensed as a physician in this state; (2) have experience in, and knowledge of, emergency care of acutely ill or traumatized patients; and (3) be familiar with the design and operation of local, regional, and state emergency medical service systems.*

☐ Replacing Current Medical Director

☐ In Addition to Current Medical Director

Ambulance Service Name: _____ License Number(s): _____

MD Name: _____ MN Physician # _____ EMS# (if known) _____

Mailing Address: _____

City/ State/ Zip: _____

Telephone: _____ Email: _____

☐ ACLS Certified ☐ ATLS Certified Is your ambulance service Medical Director: ☐ Paid ☐ Volunteer

Retiring Medical Director Information

MD Name: _____ Years of Service: _____

Mailing Address: _____

City/ State/ Zip: _____

Signature

New Medical Director: _____ Date: _____

Medical Director change information must be provided to the EMS Specialist assigned to your ambulance service to ensure OEMS licensure records have current information. Contact your EMS Specialist if you need assistance with additional medical director documentation requirements for ambulance service licensure.

Medical Direction and Variance Renewal
Form for Ambulance Licensing

Ambulance Service: _____ OEMS License No. _____

A. Medical Direction: A medical director shall:

1. be currently licensed as a physician in this state;
2. have experience in, and knowledge of, emergency care of acutely ill or traumatized patients; and
3. be familiar with the design and operation of local, regional, and state emergency medical service systems.

The responsibilities of medical director shall include, but are not limited to:

1. Approving standards for training and orientation of personnel that impact patient care.
2. Approving standards for purchasing equipment and supplies that impact patient care.
3. Establishing standing orders for pre-hospital care
4. Approving triage, treatment, and transportation guidelines for adult and pediatric patients
5. Participating in the development and operation of continuous quality improvement programs including, but not limited to, case review and resolution of patient complaints.
6. Establishing procedures for the administration of drugs; and
7. Maintaining the quality of care according to the above standards and procedures established.

Annually, I or my designee(s), shall assess the practical skills of each person on the ambulance service roster, and signed statement verifying the proficiency of each person will be maintained in the ambulance service licensure files. (Minnesota Statutes 144E.265)

- B. Variance renewal:** Current variance information is listed on the enclosed computer information. The licensee must provide updated information to renew a medication variance. **The licensing renewal date will be the anniversary date for the variance.**

Place confirm the variances listed on your license and place a check next to all medications applicable to your variance renewal. Requests for new variances requires an application to the OEMS.

- | | |
|---|---|
| <input type="checkbox"/> 1. Beta agonist by metered dose inhalation | <input type="checkbox"/> 4. Epinephrine |
| <input type="checkbox"/> 2. Beta agonist by nebulization | <input type="checkbox"/> 5. Glucagon |
| <input type="checkbox"/> 3. Nitroglycerin | |

In requesting renewal of variances, the licensee certifies that at all times, at least one attendant on duty is trained to administer the drug for which the ambulance service has been granted a variance. By the annual anniversary date of the approved variance, the licensee's medical director shall certify in writing that each attendant has satisfactorily completed the required training and retained skill proficiency; and, prior to allowing an attendant who was hired after the variance was granted to administer a drug, the attendant satisfactorily completed the required training. Documentation shall be retained in the licensee's files. (Minnesota Rules, 4690.8300)

Authorized Signature

By signing this document, I agree to the requirements and responsibilities found in MS 144E. 265

Signature of Medical Director

Date

TAB 6: EDUCATION VERIFICATION

- MD Skills Verification and Variance Approval

Purpose of Section The following paperwork must be signed annually verifying personnel have been assessed for skills competency. Rosters including the date of education, subject, and signature of attendee must accompany this paperwork.	Forms to Include <ul style="list-style-type: none"> Medical Director Verification for Variances, Specific Procedures, and skills. Copy of signed attendance rosters Variance forms for New Attendants
Minnesota Statutes / Rules	
Medical Director Skill Verification	
Minnesota Statutes 144E.265 Subd 3. Annual assessment; ambulance service.	Annually, the medical director or the medical director's designee shall assess the practical skills of each person on the ambulance service roster and sign a statement verifying the proficiency of each person. The statements shall be maintained in the licensee's files.
Variance for Drugs	
Minnesota Rules 4690.8300 Sub 7. Variance for certain drugs. Documentation of items A to E must be retained in the licensee's files.	The board shall grant a variance to a basic ambulance service licensee to carry and to administer beta agonist by metered dosed inhalation or nebulization, or both, premeasured subcutaneous epinephrine, sublingual nitroglycerine, or premeasured intramuscular or subcutaneous glucagon only if the licensee shows that: <ul style="list-style-type: none"> A. each attendant who will administer the drug has satisfactorily completed training in the administration of the drug and the training has been approved by the licensee's medical director; B. the administration of the drug has been authorized by the licensee's medical director; C. the licensee's medical director has developed or approved standing orders for the use of the drug; D. continuing education or clinical training in the administration of the drug shall be provided at least annually to the licensee's attendants who are trained to administer the drug; and E. at all times, at least one attendant on duty is trained in accordance with item A to administer the drug for which the ambulance service has been granted a variance

<p>Minnesota Rules 4690.8300 Sub 8. Variance maintenance.</p>	<p>In order to maintain a variance granted under subpart 7 (see above: Variance for certain drugs.), the licensee's medical director shall, by the annual anniversary date of the approved variance:</p> <ul style="list-style-type: none"> A. provide a list of the licensee's attendants; B. certify in writing that each attendant has satisfactorily completed the required training and retained skill proficiency; and C. certify in writing that, prior to allowing an attendant who was hired after the variance was granted to administer a drug specified in subpart 7, the attendant satisfactorily completed the required training under subpart 7, item A. <p>Documentation of items A to C shall be retained in the licensee's files.</p>
<p>IV Infusion & Special Procedures</p>	
<p>Minnesota Statutes 144E.101 Subd 6 (f). Basic Life Support</p>	<p>A basic life-support service licensee's medical director may authorize ambulance service personnel to perform intravenous infusion and use equipment that is within the licensure level of the ambulance service. Ambulance service personnel must be properly trained. Documentation of authorization for use, guidelines for use, continuing education, and skill verification must be properly trained. Documentation of authorization for use, guidelines for use, continuing education, and skill verification must be maintained in the licensee's files.</p>

**ANNUAL MEDICAL DIRECTOR
VERIFICATION**

Ambulance Service: _____ OEMS License No: _____

Skills Evaluation

Minnesota Statutes 144E.265, Subd. 3. Medical Director. *Annually, the medical director or the medical director's designee shall assess the practical skills of each person on the ambulance service roster and sign a statement verifying the proficiency of each person. The statements shall be maintained in the ambulance service licensee's files.*

Variance Medication Skills

Minnesota Rules 4690.8300, Subp. 8. Specific Variances. *In order to maintain a variance granted under subpart 7, the licensee's medical director shall, by the annual anniversary date of the approved variance: (A) provide a list of the licensee's attendants; (B) certify in writing that each attendant has satisfactorily completed the required training and retained skill proficiency; and (C) certify in writing that, prior to allowing an attendant who was hired after the variance was granted to administer a drug specified in subpart 7, the attendant satisfactorily completed the required training under subpart 7, item A.*

Documentation of items A through C shall be retained in the licensee's files.

_____ <i>Beta Agonist by Metered Dose Inhalation</i>	_____ <i>Beta Agonist by Nebulization</i>
_____ <i>Premeasured Subcutaneous Epinephrine</i>	_____ <i>Sublingual Nitroglycerine</i>
_____ <i>Premeasured Intramuscular or Subcutaneous Glucagon</i>	

Approval of Specific Procedures for Basic Life Support Services

Service Medical Director: Initial each procedure below that has been approved for your ambulance service. This will verify that protocol / guidelines, training, on-going training, and quality assurance plans are in place and currently approved in accordance with Minnesota Statutes 144E.101, Subd. 6(f).

_____ <i>Pneumatic Anti-Shock Garment (PASG)</i>	Intravenous Infusion:
_____ <i>Supraglottic Airway</i>	_____ <i>Normal Saline</i>
_____ <i>IO</i>	_____ <i>Lactated Ringers</i>
_____ <i>CPAP</i>	_____ <i>Dextrose 10% (prepared)</i>
	_____ <i>Dextrose 5% in water</i>

Additional Equipment: _____

I, as medical director for _____ Ambulance Service verifies that each of the following ambulance service personnel has been assessed for practical skill proficiency by me or my designee in each of the above categories and is approved to provide care in accordance with the protocol / guidelines established for the ambulance service.

Medical Director _____ **MN Physician License #** _____
(Print Name)

Signature _____ **Date** _____
(Original Signature)



Medical Director Skill Assessment Verification Designee

Ambulance Service Name: _____ OEMS License No: _____

Minnesota Statutes 144E. Subd. 3. Medical Requirements. Annually, the medical director or the medical director's designee shall assess the practical skills of each person on the ambulance service roster and sign a statement verifying the proficiency of each person. The statement shall be maintained in the licensee's files.

I, _____, as medical director for _____ Ambulance Service authorize the following person(s) to act as my designee(s) for the purpose of annual skill verification. This may include, but is not limited to:

Signature

Medical Director: _____
(Print Name)

MN Physician License #: _____

Medical Director Signature: _____
(Original Signature)

Date: _____

TAB 7: OPERATIONS

- Policy Information

Purpose of Section

Ambulance Services must establish operational policies as set forth by Minnesota Statutes 144E.125.

Documents to Include

- Complaint Procedure
- Ambulance & Equipment Maintenance Procedure
- Drug Procurement and Storage Policy
- Infection Control Procedures

Minnesota Statutes / Rules

Operational Procedures

Minnesota Statutes 144E.125

A licensee shall establish and implement written procedures for responding to ambulance service complaints, maintaining ambulances and equipment, procuring and storing drugs, and controlling infection. The licensee shall maintain the procedures in its files.

Policy Samples and Thinking Points

- Complaint Procedure**
 - Internal and External Complaints
- Procedure for Maintaining Ambulances & Equipment**
 - Including statements regarding following manufacturer guidelines.
 - Most Specialized equipment including but not limited to stretchers, AED's, etc have checklists in their instruction manuals.
 - Where is your truck services, rig checks completed, and how often?
 - Documentation of date completed and by whom.
 - Who, What, When, Where, and How?
- Procedures for Procuring & Storing Drugs**
 - How do you exchange or dispose of drugs that expire?
 - Where do you obtain your drugs?
 - Does your storage policy address temperature limits in accordance with manufacturer recommendations (including when vehicle is parked outside or goes for maintenance)
 - How does crew obtain additional medications or notify management when medications are used or expired to avoid any shortage?
 - ALS Services – Narcotics Storage Records and Procedure
- Procedures for Infection Control**

For policy examples, please contact your EMS Specialist

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TAB 8: MAINTENANCE RECORDS

- Ambulance and Equipment Maintenance

Purpose of Section Equipment carried on every ambulance in service for patient care must be maintained in full operating condition.	Documents to Include <ul style="list-style-type: none"> • Copy of Ambulance Maintenance Records • Copy of Ambulance Check Form • Copy of Equipment Maintenance Records as recommended by the Manufacturer.
Minnesota Statutes / Rules	
Maintenance, Sanitation, and Testing of Equipment	
Minnesota Statutes 144E.103 Subd 2a: Maintenance, sanitation, and testing of equipment, supplies, and drugs	Equipment carried on every ambulance in service for patient care must be maintained in full operating condition. Patient care equipment, supplies, and drugs must be stored and maintained within manufacturer's recommendations and: (7) procedures for the periodic performance testing of mechanical equipment must be developed, maintained, and followed; and records of performance testing must be kept in the licensee's files. Testing must occur within the manufacturer's recommendations.
Minnesota Rules 4690.1800 MAINTENANCE AND SANITATION OF AMBULANCES	Each ambulance must be maintained in full operating condition and in good repair and documentation of maintenance must be kept in the licensee's file.
<div> Thinking Points <ul style="list-style-type: none"> • Who is maintaining your equipment and vehicles? How often is it being completed? • Where is it being completed? Where are records kept? • Was the maintenance documented? If so, by whom and on what date? • What is being checked/maintained? <p>Statute indicates, vehicles and equipment must be maintained within manufacturer guidelines. Please consider using the manufacturer checklist, or checklist of your own that reflects the manufacturer recommendations have been completed.</p> </div>	

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TAB 9: COMMUNICATIONS

- Radio Communications

Purpose of Section Ambulance services must be able to demonstrate, upon request, the ability to communicate per Minnesota Rules, part 4690.2000 and Minnesota Rules, part 4690.0100, subpart 10.	
Minnesota Statutes / Rules	
Communication Equipment	
Minnesota Statutes, section 144E.103 subd. 5 Communication Equipment	An ambulance must be equipped with a two-way radio that is programmed and operating according to the most recent version of the statewide radio board shared radio and communication plan or its equivalent as determined by the director.
4690.2000 Equipment Performance and Repair	All communications equipment must be capable of transmitting and receiving clear and understandable voice communications to and from the licensee's communications base and all points within the licensee's primary service area. All communication equipment must be maintained in full operating condition and in good repair.

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TAB 10: CALL SCHEDULE

- 24/7 Scheduling

Purpose of Section

This section provides Ambulance Services with the license application information required to submit for licensing.

Forms to Include

- Written On-Call Schedule must be available for review

Minnesota Statutes / Rules

Communication Equipment

Minnesota Statutes 144E.101 Subd 11. Personnel roster and files

An ambulance service shall maintain at least two ambulance service personnel on a written on-call schedule.

Note: At least one attendant on the schedule must have had their skills verified by the Medical Director or his/her designee. This attendant must also be the primary patient caregiver if there are only two persons on the schedule.

When utilizing a staffing agreement, the service must indicate the name of the service covering on the schedule for the specified time period(s). Information must be verifiable with the agreeing service and an agreement must be on file at the time of inspection.

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Office of EMS

Memos and Reference Documents

- Policy: Written On-Call Schedule
- Legislative Update Memo
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Policy—Administration of Requirement for Written on Call Schedules

From the Minnesota Office of Emergency Medical Services

Version: 1.10
Effective Date: 01/01/2025
Approval: OEMS Director

Policy Statement

The requirement of licensed ambulance services to maintain an on-call schedule is an administrative safeguard to ensure the availability of an ambulance to the public in each of the primary service areas administered by the Office of Emergency Medical Services (OEMS)

Reason for the Policy

M.S. 144E.101 Subd. 11 (1) establishes a requirement that all licensed ambulance services maintain “at least two ambulance service personnel on a written on-call schedule. There have been conflicting interpretations of this requirement in the past. Additionally multiple ambulance services have identified concerns that maintaining a dedicated call schedule could trigger various obligations under relevant labor law.

For these reasons a policy to address how the OEMS will manage, administer, and interpret M.S. 144E.101 Subd. 11 (1) is required.

Applicability

This administrative policy applies to all employees of the Office of Emergency Medical Services, and shall be applied uniformly to all licensed ambulance services in the State of Minnesota

Policy

A written on-call schedule required under M.S. 144E.01 Subd. 11 (1) must have the following components:

1. The document must identify specific dates and times that are reflective of the services obligation to provider 24/7 service.
2. The document must list two or more ambulance service personnel.

3. If a 12 or 24 hour agreement is utilized, it must be documented on the schedule when utilized.
4. Only ambulance service personnel that the ambulance service has a reasonable belief may be able to respond to a call can be included on the on-call schedule.

The following scenarios are judged to be **compliant** with the provisions of M.S. 144E.01 Subd. 11 (1)

1. An ambulance service lists two ambulance service personnel on a document that identifies specific dates and times that reflect the services 24/7 obligation to provide service, such as on a calendar, that those two service personnel are on-call. If a service is using a 12 or 24 hour agreement for a given time period, that should be identified, on the schedule.
2. An ambulance service lists multiple ambulance service personnel, up to and including all ambulance service personnel on their roster, on a document that identifies specific dates and times that reflect the services 24/7 obligation, such as on a calendar, that all of those individuals are on-call. **However, an ambulance service that is preparing their schedule in this manner must have a reasonable belief that all listed personnel may be available to respond to a call. For example, it would not be permissible to list an individual on call if the service knows or should have known that a selected crew member is on vacation in a distant location.** If a service is using a 12 or 24 hour agreement for a given time period, that should be identified on the schedule. Using this type of scheduling methodology, while permitted does remove some administrative safeguards to ensuring that the ambulance is staffed 24/7. Services are reminded that they are subject to corrective action for failure to provide service 24/7, without the Presence of a 12 or 24 hour agreement as permitted by law.

The following scenarios are judged to be **noncompliant** with the provisions of M.S. 144E.01 Subd. 11(1)

1. An ambulance service writes a paragraph that states that all crew members are on call 24-7 and that they use an “all call” system.
2. An ambulance service utilizes a schedule that does not contain all of the required elements

Other Resources

Occasionally, OEMS receives questions about compensation for volunteers or other questions related to state and federal labor law. OEMS is unable to provide consultation on these issues. OEMS staff should advise inquiring services to contact their legal counsel for assistance. Additionally, the following resources can be made available.

Minnesota Department of Labor and Industry Labor Standards Division— dli.laborstandards@state.mn.us

US Department of Labor Wage and Hour Division—1-866-487-9243

While designed for the fire service, much of the below document can equally apply to volunteer EMS agencies

[Managing Volunteer Firefighters for FLSA Compliance](#)

History

Version	Description	Date
1.0	Policy Implemented	02/10/2023
1.10	OEMS adoption of previous policy, editorial conforming changes made to reflect permissibility of 24-hour staffing agreements in addition to change in EMS regulatory structure.	01/01/2025

Contact

OEMS Director Dylan Ferguson

Dylan.Ferguson@state.mn.us

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EMSRB Memo

Date: 05/29/2024

To: Minnesota Ambulance Services, Minnesota EMS Regional Systems

From: Dylan Ferguson, Executive Director

RE: 2024 Legislative Changes Update

On May 23, 2024, the Governor signed [HF4738](#) into law. This legislation institutes many changes to the EMS system in Minnesota. We know there will be many questions over the coming months as provisions within this legislation come into effect. EMSRB staff is dedicated to answering as many of your questions as we can, and we commit to communicating early and often over the coming months.

The EMS Specialist team is reviewing all legislative changes, developing new processes and procedures to address these changes, and will do our best to ensure efficient implementation and transparency of any changes. Additionally, our team plans to hold multiple webinars to walk through these changes. Once scheduled, we will send an announcement via email and will post the meeting schedule to the [EMSRB website](#).

Please ensure that your contact information is up to date and correct in the eLicense Portal to ensure you receive all communications. Also, please monitor your emails and the [EMSRB Website](#) closely for updates and additional information. Please don't hesitate to reach out to your [EMS Specialist](#) with questions.

Below you will find a summary of changes found in HF4738 that will be implemented in the coming months. These changes include:

- Changes to staffing variances and creation of driver registration,
- Expanded re-entry and new reinstatement period, and
- Changes to RN EMS credentialing.

Thank you,

Dylan Ferguson
Executive Director
dylan.ferguson@state.mn.us

Changes to Staffing Variances and Creation of Driver Registration

BLS Staffing Variance

Beginning July 1, 2024, BLS ambulance services will have the ability to apply to the EMSRB for a variance to staff their ambulances with one individual who is an EMT, or an RN or PA that meets the requirements described in the previous section, AND the service may substitute a registered EMR driver with a driver that meets the following requirements:

- Holds a valid driver's license from any state, and
- Has attended an emergency vehicle driving course approved by the ambulance service, and
- Has completed a course in cardiopulmonary resuscitation approved by the ambulance service, and
- Register with the EMRSB.

Ambulance services wishing to apply for the variance must complete an initial application that must go to the full Board for approval. Services will also be required to reapply for the variance every two years during the ambulance service license renewal process.

Please note: The Board must approve all variance applications before it takes effect. The next board meeting is on July 18, 2024, and applications must be received by the EMSRB by the close of business on July 9, 2024, to be included in the agenda.

Ambulance Driver Registration

Drivers will have to register with the EMSRB through an application in the eLicense Public Portal. Applicants must provide the following with their application:

- Copy of a valid driver's license from any state, and
- Proof of completion of the agency approved driving course, and
- Proof of completion of the agency approved CPR course, and
- Answer criminal history disclosure questions.

Staffing Hardship Variance – Removal of Geographic Restrictions

Starting July 1, 2024, HF4738 removes all geographic restrictions on which ambulance services are eligible to apply for a staffing hardship variance. This means that ALL services can apply for the appropriate staffing hardship variance. After application and upon approval by the Board, an ALS service can staff with a paramedic and an EMR driver and BLS services can staff with an EMT and non-credentialed driver. Services will be required to re-apply for the staffing variance when they renew their ambulance service license. The Board will review and act on all staffing variance renewal applications.

Expanded Re-Entry/Reinstatement Period for Expired Credentials

EMR and Community Paramedic

HF4738 also brings some changes to the reinstatement process for EMRs and Community Paramedics. The new legislation extends the grace-period for EMRs from 1 year to 4 years.

Please note: an individual with an expired certification is NOT able to work on an ambulance as part of the minimum required staffing while in their grace period.

The new legislation also adds language that requires Community Paramedics to meet the education requirements for renewal when applying for reinstatement.

Extended Reinstatement Window (EMT, AEMT, Paramedic, and Community Paramedic)

HF4738 also creates a new window of reinstatement for individuals that have an EMS credential that has been expired for more than 4 years, but less than 10 years. Beginning July 1, 2024, through December 31, 2025, individuals with an expired EMT, AEMT, Paramedic, or Community Paramedic certification may apply for reinstatement by completing the following:

1. Provide evidence of completion of the appropriate education requirements within 24-months **prior to the date of application**, and
2. After course completion and approval from the education program, complete a reinstatement application in the e-License Portal, and
3. Submit a recommendation from an ambulance service medical director.

This program will expire on December 31, 2025.

Changes to RN EMS Credentialing

HF4738 introduces several changes to how RNs are credentialed to work on an ambulance service responding to 911 calls for service. The following sections will describe what credentials an RN will need to work on an ALS and BLS ambulance.

Basic Life Support (BLS) Services

To work for a basic life support licensed ambulance service and RN will need to meet one of the following requirements:

1. Have an EMT certification,

OR

2. Have a valid Minnesota RN license AND a valid Certified Emergency Nurse (CEN) or Certified Flight Nurse (CFN) credential AND complete the Prehospital RN application in the eLicense portal (see “New Applications” section below for more details.)

Advanced Life Support (ALS) Services

To be eligible to work on an ALS ambulance and provide advanced level care, there are still two pathways, but the requirements are slightly different than for the BLS level. To provide advanced level care, the RN must be currently practicing nursing and have either of the following:

1. An EMT certification, approval from the ambulance service medical director, AND complete the Advanced RN-EMT/PA-EMT application in the eLicense portal (see “New Applications” section below for more details.)

OR

2. Have a Certified Emergency Nurse or Certified Flight Nurse credential AND complete the Prehospital RN application in the eLicense portal (see “New Applications” section below for more details.)

Physician Assistants with EMT Certification

Physician Assistants (PA) are allowed to work on ambulance services with the same requirements as an RN-EMT. To work on a BLS ambulance, the PA will need an EMT certification and to provide advanced level care for an ALS ambulance service, the PA will be required to be currently practicing as a PA and have ambulance service medical director approval. PAs will also be required to complete the Advanced RN-EMT/PA-EMT application in the eLicense portal.

New Applications

To assist in tracking and providing a certification number for these individuals, on July 1, 2024, the EMSRB will be introducing two new applications:

Advanced RN-EMT/PA-EMT Application

RNs and PAs with a current EMT certification that wish to provide advanced level care will need to provide the following documentation:

- Proof of valid MN RN or PA license, and
- A letter (on employer letterhead) confirming the RN or PA is currently practicing as an RN or PA, and
- A letter of support from an ambulance service medical director.

These applicants, once approved, will be registered with the EMSRB as an Advanced RN-EMT or Advanced PA-EMT.

Prehospital RN (BLS and ALS)

RNs that possess a CEN or CFN credential will need to provide the following documentation with their application:

- Proof of valid RN license, and
- Letter (on employer letterhead) confirming RN is currently practicing nursing, and

- Proof of valid CEN or CFN credential.

Prehospital RNs will be assigned an expiration date that matches the expiration date of their RN license or CEN/CFN credential whichever expires first. Upon approval, these applicants will be registered with the EMSRB as a Prehospital RN.

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Initial Application – Advanced Life Support and Basic Life Support Ambulance Staffing Variance

Minnesota Statutes 144E.101. Subd. 6a. Ambulance Service Requirements: (a) Upon application from an ambulance service that includes evidence demonstrating hardship, the director may grant a variance from the staff requirements in subdivision 6, paragraph (a), and may authorize a basic life-support ambulance to be staffed, for all emergency calls and interfacility transfers, with one individual who meets the qualification requirements in paragraph (b) to drive the ambulance and one individual who meets one of the qualification requirements in subdivision 6, paragraph (a), clause (1), and who must accompany the patient. The variance applies to basic life-support ambulances until the ambulance service renews its license. When the variance expires, the ambulance service may apply for a new variance under this subdivision.

Minnesota Statutes 144E.101. Subd. 7(f). Ambulance Service Requirements. Upon application from an ambulance service that includes evidence demonstrating hardship, the director may grant a variance from the staff requirements in paragraph (a), clause (1), and may authorize an advanced life support ambulance to be staffed by an emergency medical responder driver with a paramedic for all emergency calls and inter-facility transfers. The variance shall apply to advanced life support ambulance services until the ambulance service renews its license. When the variance expires, an ambulance service may apply for a new variance under this paragraph.

☐ ALS ☐ BLS

Service Information (All Applicants)

Ambulance Service: _____ OEMS License #(s): _____ Exp. Date: _____

Address: _____ City: _____ Zip: _____

Contact Name: _____

Contact Information: Phone: _____ Email: _____

Number of Paramedics on service roster: _____

Number of EMTs on service roster: _____

Number of EMRs on service roster: _____

Number of Drivers on service roster: _____

The agency has a quality assurance process to ensure patient care is not compromised when using the hardship variance staffing model?

☐ Yes ☐ No

Medical Director Endorsement

I, as medical director for the ambulance service named above, approve this application for a staffing hardship variance under Minnesota Statute 144E.101 Subd. 6(a) or 7(f), as appropriate. Furthermore, as medical director I have developed a quality assurance review process to review calls for service when care was provided by a Paramedic and EMR or EMT and Driver, as required under Minnesota Statute 144E.265 Subd. 2(5) and as requested by the Office of Emergency Medical Services Director.

Signature (original):

Date:

Print Name:

Evidence of Hardship

1. Explain the current staffing situation and need for hardship variance (please be specific):

2. Explain how you will recruit Emergency Medical Responders or Drivers for the service:

3. Explain how you plan to increase the number of Paramedics / EMTs on the service:

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Renewal Application – Advanced Life Support and Basic Life Support Ambulance Staffing Variance

Minnesota Statutes 144E.101. Subd. 6a. Ambulance Service Requirements: (a) Upon application from an ambulance service that includes evidence demonstrating hardship, the director may grant a variance from the staff requirements in subdivision 6, paragraph (a), and may authorize a basic life-support ambulance to be staffed, for all emergency calls and interfacility transfers, with one individual who meets the qualification requirements in paragraph (b) to drive the ambulance and one individual who meets one of the qualification requirements in subdivision 6, paragraph (a), clause (1), and who must accompany the patient. The variance applies to basic life-support ambulances until the ambulance service renews its license. When the variance expires, the ambulance service may apply for a new variance under this subdivision.

Minnesota Statutes 144E.101. Subd. 7(f). Ambulance Service Requirements. Upon application from an ambulance service that includes evidence demonstrating hardship, the director may grant a variance from the staff requirements in paragraph (a), clause (1), and may authorize an advanced life support ambulance to be staffed by an emergency medical responder driver with a paramedic for all emergency calls and inter-facility transfers. The variance shall apply to advanced life support ambulance services until the ambulance service renews its license. When the variance expires, an ambulance service may apply for a new variance under this paragraph.

☐ **ALS**

☐ **BLS**

Service Information (All Applicants)

Ambulance Service: _____ **OEMS License #(s):** _____ **Exp. Date:** _____

Address: _____ **City:** _____ **Zip:** _____

Contact Name: _____

Contact Information: **Phone:** _____ **Email:** _____

Number of Paramedics on service roster: _____

Number of EMTs on service roster: _____

Number of EMRs on service roster: _____

Number of Drivers on service roster: _____

The agency has a quality assurance process to ensure patient care is not compromised when using the hardship variance staffing model?

☐ Yes

☐ No

Medical Director Endorsement

I, as medical director for the ambulance service named above, approve this application for a staffing hardship variance under Minnesota Statute 144E.101 Subd. 6(a) or 7(f), as appropriate. Furthermore, as medical director I have developed a quality assurance review process to review calls for service when care was provided by a Paramedic and EMR or EMT and Driver, as required under Minnesota Statute 144E.265 Subd. 2(5) and as requested by the Office of Emergency Medical Services Director.

Signature (original):

Date:

Print Name:

Evidence of Hardship

1. How many times since your last approval did your service respond to a 911 or interfacility call with either a Paramedic / EMR or EMT / Driver as the minimum required staff?

2. Where there any adverse patient outcomes directly related to staffing changes as determined by your medical director's review of Paramedic / EMR runs or EMT / Driver runs? If yes, how many?

3. Please provide a report on your recruitment efforts.

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ALS Medical Control Agreement

Ambulance Service: _____ OEMS License No: _____

Minnesota Statutes 144E.101 Subd. 7(d). Ambulance Service Requirements. *An ambulance service providing advanced life support shall have a written agreement with its medical director to ensure medical control for patient care 24 hours a day, seven days a week. The terms of the agreement shall include a written policy on the administration of medical control for the service. The policy shall address the following issues:*

- (1) two-way communication for physician direction of the ambulance service personnel;
- (2) patient triage, treatment, and transport;
- (3) use of standing orders; and
- (4) the means by which medical control will be provided 24 hours a day.

As medical director for _____ ambulance service the ambulance personnel will operate primarily under standing orders. Included are triage, treatment, and transport guidelines for patients of all age groups. Twenty-four-hour medical control will be available through _____ Emergency Department seven days a week. The means of contact will be primarily via cellular phone with VHF radio capabilities utilizing the Statewide EMS frequency as a backup.

Signature

Medical Director Signature

Date

Medical Director printed name

MD License #

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APPLICATION FOR EDUCATION REIMBURSEMENT (MS 144E. 35)

VOLUNTEER AMBULANCE ATTENDANT

Name: _____ Date of Birth: _____

Minnesota EMS Certification Number: _____ Expiration Date: _____

The above-named individual must have served for one year from the date of the final certification exam as an active member of a Minnesota licensed ambulances. Applications received without meeting the requirements or prior to the one-year requirement will be returned to the ambulance service to fix deficiencies or resubmit when the individual is eligible for reimbursement after one year of certification. Requests for reimbursement may be submitted up to three years after an individual has been credentialed.

VOLUNTEER AMBULANCE SERVICE

Name: _____ Minnesota License Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email address: _____

ELIGIBLE EDUCATION PROGRAM

Education Program: _____ Course Number: _____

Lead Instructor: _____ Course Completion Date: _____

REIMBURSEMENT REQUESTED

REIMBURSEMENT AMOUNT SOUGHT

_____ Initial Course Reimbursement – Up to \$900

_____ Renewal Course Reimbursement – Up to \$375

_____ All expenses are verifiable and accompanied by a paid receipt from an Education Program.

EXPENSE ITEMIZATION

Food and Lodging
(attach receipts for usual and customary charges) _____

Books and Tuition (attach receipts) _____

Hourly Payment (\$15 per hour) _____

Transportation ([Federal Allowable Rate](#)) _____

TOTAL EXPENSES _____

I, _____, Director of the aforementioned ambulance service, certify that the Volunteer Ambulance Attendant named above has provided medical services without expectation of remuneration, has not depended in any way upon provision of these services for their livelihood, nor has received any remuneration for actual service provision in excess of \$6,000 within one year of the final certification, and has served for one year from that date as an active member of this ambulance service.

Required Signature: _____ Date: _____

Electronic signature methods: use /s/ If signed electronically or use dated electronic signatures.

SEND COMPLETED FORM, INCLUDING REQUIRED SIGNATURES AND RECEIPTS, TO:

finance.oems@state.mn.us

OEMS, Volunteer Education Reimbursement, 335 Randolph Avenue, St. Paul, MN 55102

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Application for Specific Variance for Certain Drugs

This application is to be used by licensed ambulance services and their medical directors to apply for authorization for Emergency Medical Technicians to administer the variance medications as defined in Minnesota Administrative Rule 4690.8300 and applicable sections of Chapter 144E. Please complete the required information and return this form and all required documents to the Office of Emergency Medical Services either via email at Info.oems@state.mn.us or via regular mail to:

Office of Emergency Medical Services
335 Randolph Avenue
Saint Paul, MN 55102

Authority

Minnesota Rules 4690.8300. Subp. 7. Specific Variances. The director shall grant a variance to a basic ambulance service licensee to carry and to administer beta agonist by metered dosed inhalation or nebulization, or both, pre-measured subcutaneous epinephrine, sublingual nitroglycerin, or pre-measured intramuscular or subcutaneous glucagon only if the licensee shows that:

- A. Each attendant who will administer the drug has satisfactorily completed training in the administration of the drug and the training has been approved by the licensee's medical director;
- B. The administration of the drug has been authorized by the licensee's medical director;
- C. The licensee's medical director has developed or approved standing orders for the use of the drug;
- D. Continuing education or clinical training in the administration of the drug shall be provided at least annually to the licensee's attendants who are trained to administer the drug;
- E. At all times, at least one attendant on duty is trained in accordance with the first item (above) to administer the drug for which the ambulance service has been granted a variance.

Documentation of items A to E must be retained in the licensee's files.

Maintenance

To maintain a variance granted by the director under this authority, the licensee's medical director shall, by the anniversary date of the approved variance:

- A. Provide a list of the licensee's attendants;
- B. Certify in writing that each attendant has satisfactorily completed the required training and retained skill proficiency; and
- C. Certify in writing that, prior to allowing an attendant who was hired after the variance was granted to administer one of the specified drugs, the attendant has satisfactorily completed the required training for administration of the drug.

Request for Variance

Specific Variances: Variance for Certain Drugs (MR 4690.8300. Subp. 7)

Applicant Information

Service Name:	License Number:
Service Address:	Primary Contact:
City, State, Zip Code:	Primary Contact Phone:
Primary Contact Email:	

The applicant requests the following variance(s) to carry and to administer the following pharmaceuticals, under authority of Minnesota Statutes 144E and Minnesota Rules 4690:

_____ Beta agonist by metered dosed inhalation

_____ Beta agonist by nebulization

_____ Premeasured subcutaneous epinephrine

_____ Sublingual nitroglycerin

_____ Premeasured intramuscular or subcutaneous glucagon.

Please reference the checklist on the following page to ensure all proper documentation is submitted with application.

Table 1: Checklist of required documentation to be submitted with this application. Licensee must keep copies of these documents in their files.

Checklist for Required Documentation to be kept in licensee's file	Beta agonist by metered dose inhalation	Beta agonist by nebulization	Premeasured subcutaneous epinephrine	Sublingual Nitroglycerin	Premeasured intramuscular or subcutaneous glucagon
Medical director statement: provide medical direction for education, equipment, standing orders, continuing education, and assessment of quality of care provided					
Roster of EMTs who completed education approved by medical director					
Education course outline with signature of the medical director, education/training officer, and person who did the education/training					
Copy of applicable protocols/guidelines					
Plan for annual continuing education					
Quality of care assessment procedure					
Medication procurement and storage policy					

Authorized Signatures

Authorized Official of Ambulance Service Licensee

Signature:	Date:
Print Name:	

Medical Director for Ambulance Service Licensee

Signature:	Date:
Print Name:	

Associated Documents:

The following documents can be found on our website under [Ambulance Service Forms](#):

- Annual Medical Director Skill Verification
- Sample Training Log – to be included with Annual Medical Director Skill Verification and signed rosters
- Medical Direction Statement and Variance Renewal – submitted biennially with ambulance service license renewal.