



**2021 – 2023 NORTH DAKOTA LICENSE APPLICATION
QUICK RESPONSE UNIT**

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 60841 (03/2021)



Legal Name of Quick Response Unit	License Number
<p>Whereas, the above-named Quick Response Unit (QRU), uses publicly or privately owned vehicles upon the streets or highways of this state for the response to persons who are sick, injured, wounded, or otherwise incapacitated or helpless, and holds itself to the public, or to its employees, for such a service or regularly provides such a service.</p> <p>Whereas, the above-named Quick Response Unit, will provide services which meet the standards of Chapter 23-27 of the North Dakota Century Code, and regulations promulgated by the State Health Council governing Quick Response Units.</p> <p>Application is hereby made to operate as a Quick Response Unit until midnight June thirtieth of the year 2023.</p> <p>Application must be returned in its entirety to the Division of Emergency Medical Systems to be considered for licensure in North Dakota.</p>	
Signature	Date

For DEMS Use Only:

License Number
Date Approved
Approved by
Date Processed



Division of Emergency Medical Systems

1720 Burlington Dr • Bismarck ND 58504-7736

701-328-2388 • 701-328-0357 (f) • dems@nd.gov • health.nd.gov

Legal Name of QRU		License Number	
Mailing Address of QRU	City	State	ZIP Code
Physical Address of QRU	City	State	ZIP Code
County	Region		
Affiliated Ambulance			
QRU Squad Leader			
QRU Contact Person		E-Mail	

Squad leader and contact person must be listed on the service roster.

Agency E-mail Address		
Day Telephone Number	Evening Telephone Number	Fax Number

OWNERSHIP

Name of Exact Ownership of Service				
Check One:	Hospital Based	Fire Based	Private (For Profit or Non-Profit)	Government / Non-Fire Entity

TYPE OF CONTROL

Governmental	County	District	City	Tribal	Federal
Non-profit	Corporation	Association			
For-profit	Individual	Partnership	Corporation		
Is your corporation / partnership / association listed as "In Good Standing" with the North Dakota Secretary of State ?					
	Yes	No			

MILL LEVY

Does the service have a mill levy in place?	Yes	No
If Yes	Number of mills received:	Amount Received:
Other tax money received from:		Amount Received:

STAFFING

Check one:	Non-Compensated (Receive NO pay)	Paid (Receive on-call and/or hourly wage)	Combination
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Paid Staff:	Not Applicable	Full-time (>30 hr./week)	Part-time (<30 hr./week)
Paid staff implies any payment, no matter the amount, to personnel for providing response to emergency calls			
Do you schedule personnel to cover shifts?	Yes	No	
What level of care does your service provide?	BLS	ALS	Both

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VEHICLE AND LIABILITY INSURANCE CARRIERS

Name of <u>Vehicle</u> Insurance Company	Agent Name		
Agent Address	City	State	ZIP Code
Name of <u>General Liability</u> Insurance Company	Agent Name		
Agent Address	City	State	ZIP Code

DISPATCHING List information for all agencies that dispatch your service.

Name of PSAP/Dispatching Agency			
Location (City)	Contact Phone Number		
Emergent	Non-emergent		
Type of dispatching agency:			
County	State Radio	Hospital	City / Law Enforcement
Other (Explain)			
How are personnel notified?			
Pager	Radio	Telephone	Other (Explain)
If alerted with paging tones, on what radio frequency does this occur? _____ (example: 154.905 MHz) This information is available from your PSAP or radio vendor. Please submit a map of your response area as recognized by your PSAP/dispatching agency.			

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Type of dispatching agency:			
County	State Radio	Hospital	City / Law Enforcement
Other (Explain)			
How are personnel notified?			
Pager	Radio	Telephone	Other (Explain)
If alerted with paging tones, on what radio frequency does this occur? _____ (example: 154.905 MHz) This information is available from your PSAP or radio vendor. Please submit a map of your response area as recognized by your PSAP/dispatching agency.			

List any areas of improvement or concerns regarding the operational functionality of the dispatching system. DEMS would like to use this information to continue to build the cooperative relationship between EMS personnel / agencies and dispatch.

Legal Name of QRU	License Number
Check here if you have updated your vehicle roster online. If so, you may leave this page blank.	
Check here if N/A. If so, you may leave this page blank.	

VEHICLE ROSTER INFORMATION: QUICK RESPONSE UNIT

Unit Number (Assigned by State Radio)	Year	Make
VIN Number	Mileage	
Vehicle Cell Phone Number	Primary Vehicle	Backup Vehicle

Unit Number (Assigned by State Radio)	Year	Make
VIN Number	Mileage	
Vehicle Cell Phone Number	Primary Vehicle	Backup Vehicle

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MINIMUM EQUIPMENT REQUIRED: QUICK RESPONSE UNIT

1 – Automatic External Defibrillator (AED)
1 – Blood pressure manometer cuff (child, adult, and large adult sizes) and stethoscope
4 each – Disposable gloves (small, medium, and large sizes)
1 – Blunt shears
1 – Portable suction device with catheter
1 – Portable oxygen unit size "D" with variable flowmeter
1 – Bag-valve-mask (BVM) (adult and pediatric sizes)
2 each – Nasal cannula, non-rebreather mask, and supply tubing (adult and pediatric sizes)
1 each – Nasopharyngeal airways (adult and child sizes)
1 each – Oropharyngeal airways (adult, child, and infant sizes)
1 – Manual or Battery-operated suction unit
2 – Cold packs
4 – Hot packs
2 – Space blankets
12 – 4-inch X 4-inch sterile gauze pads
3 – Sterile soft roller self-adhering bandages
4 – Rolls of medical tape
2 – Sterile occlusive dressings
1 – Sterile multi-trauma dressing approximately 10 x 36 inches
1 – Tourniquet
1 – Sterile burn sheet or its equivalent
1 – Epinephrine (auto-injector)*
1 – Opioid antagonist auto-injector or opioid antagonist intranasal device*
Equipment case
Equipment storage - readily accessible and safe from the elements
Radio - capable of transmitting and receiving voice communications with the local PSAP and other responders on various frequencies.

*Permitted by Scope of Practice of Emergency Medical Responder but not required for QRU licensure.

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AFFILIATED SERVICE INFORMATION: List appropriate information for the affiliated service.

Name of Ambulance Service	License Number		
Mailing Address	City	State	ZIP Code
Physical Address of Service	City	State	ZIP Code
E-mail Address	Telephone Number		
Ambulance Squad Leader	License Number		
Mailing Address	City	State	ZIP Code
E-mail Address	Telephone Number		

I, the current squad leader/manager for the above-named ambulance service, agree to assume affiliation with the Quick Response Unit (QRU) listed within this application. As an authorized ambulance service representative, I agree that the affiliated ambulance service and associated medical direction is responsible for all patient care standards associated with the above named QRU. The emergency medical services personnel working either as volunteers or as compensated employees for this QRU are acting as designated agents of the affiliated ambulance service and its medical direction when providing patient care. It is my duty to coordinate a system for quality improvement / quality assurance between the affiliated ambulance service and the QRU. This ambulance service will provide input on training issues and provide online medical direction when necessary.

This agreement expires at midnight on June thirtieth of the year 2023, or may be terminated by the QRU or the ambulance service upon written notice to Division of Emergency Medical Systems.

Signature	Date
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