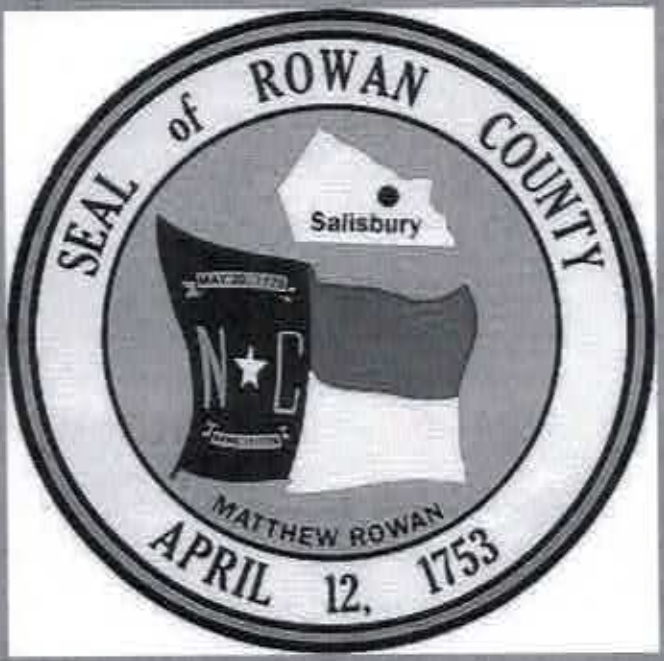
County of Rowan



Department of Emergency Services
EMS Division

ROWAN COUNTY
EMERGENCY SERVICES
EMS DIVISION
Be an original.

Application for Ambulance Franchise

The following instructions should assist you in completing the Rowan County Emergency Services' EMS System "Application for Ambulance Franchise". Fill in all appropriate fields with current information. Fields that are not applicable to this application shall have "N/A" inserted.

1. Section I must be filled out for all Ambulance Franchise applications and modifications. This page is formatted to be completed electronically and saved for future use.
2. For Franchise renewal, only SECTION I and the signature/acknowledgment page is required.
3. For Modifications, Section II is required in addition to Section I and the signature/acknowledgment page.
4. Franchise modifications retain the expiration date of the original application.
5. The document shall be completed electronically, printed upon completion and submitted with original signatures.
6. If any of the below information has changed, please update in North Carolina Office of Emergency Services CIS data base prior to submission and highlight below what is new.

While numerous changes to the Franchise Agency Provider's operation require only notification to the Rowan County EMS System and the North Carolina Office of Emergency Medical Service, certain changes will require a Franchise Modification.

Changes requiring local and State notification but <u>not</u> requiring a modification include:

- Agency contact information
- Annual continuing medical education training plans
- Personnel rosters
- Vehicle changes, additions or deletions

Changes requiring an Application for Ambulance Franchise Modification include:

- Provider Name
- Level of Service
- Location changes, additions or deletions
- Agency Type
- Response Level
- Additional Services provided

SECTION I: PROVIDER INFORMATION

NAME AND ADDRESS OF THE APPLICANT AND OWNER OF THE AMBULANCE PROVIDER. [1] Attach a certified copy of any assumed name certificate or articles of incorporation.

Name: Med-Trans Corp

Address: 209 State Highway 121 By-Pass Suite 21

City: Lewisville State: Texas Zip: 75067

Phone: 940.591.5811 Fax Number: Email Address: Chad.Kellum@gmr.net

Pager: Mobile: 864.256.5357

NAME UNDER WHICH SERVICE WILL OPERATE: [2] Novant Health MedFlight Ground

NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES PROVIDER NUMBER: 1877

LEVEL OF SERVICE TO BE PROVIDED:[3,4] ☐ CONVALESCENT ☐ EMT-B ☐ EMT-I ☒ EMT-P

PROVIDE A BRIEF DESCRIPTION OF THE ORGANIZATIONS TRAINING AND EXPERIENCE IN THE CARE AND TRANSPORTATION OF PATIENTS.[5] Include a copy of your annual continuing medical education plan and a current roster from the North Carolina Office of Emergency Services CIS data base. (Character Limit 1750)

Med-Trans Corp is a long standing air medical provider of critical care transport for the ill and injured patient. Med-Trans will apply the same standards for their affiliated ground services. The driver position of the ground ambulance team will be a minimum NC EMT-B and be current in either EVOC or CEVO. The patient care provider will be at a minimum a NC EMT-P.

DESCRIBE THE NUMBER AND TYPE OF VEHICLES OPERATED BY THE PROVIDER. INCLUDE THE DATE OF THE LAST OEMS INSPECTION AND ITS EXPIRATION.[6] Attach a current vehicle list from the from the North Carolina Office of Emergency Medical Services CIS data base. If more than 2 vehicles are operated, contact the Emergency Services Office for an amended application.

Unit #: 001 Make: Ford Model: Transit 250 Year: 2018

VIN: 1FDYR2CMXJKA36041 Permit: NC0033091 Inspection Date: 10/2020 Expiration: 10/30/2022

Unit #: Make: Model: Year:

VIN: Permit: Inspection Date: Expiration:

LIST THE LOCATION AND DESCRIPTION OF LOCATION/LOCATIONS FROM WHICH THE PROVIDER INTENDS TO OPERATE INCLUDING A DESCRIPTION OF THE RESPONSE DISTRICT[7] **AND HOURS OF OPERATION**[8]**.** If more than 2 locations are intended, contact the Emergency Services Office for an amended application. Include a copy of your agency's listing from the North Carolina Office of Emergency Services CIS data base.

Location Name: Novant Health MedFlight Rowan Medical Center

Physical Address: 901 West Henderson Street

City: Salisbury State: NC Zip Code: 28144

Mailing Address: 901 West Henderson Street

City: Salisbury State: NC Zip Code: 28144

Phone Number: 704.210.5022

Location Hours of Operation: 24 Location Days of Operation: 7

Location Name:

Physical Address:

City: State: Zip Code:

Mailing Address:

City: State: Zip Code:

Phone Number:

Location Hours of Operation: Location Days of Operation:

INDICATE SERVICES CURRENTLY PROVIDED BY THE APPLICANT. ADDITION OR DELETION OF SERVICES REQUIRES AN APPLICATION FOR FRANCHISE MODIFICATION.[9]

AGENCY TYPE: Check One

☐ Public ☒ Private

RESPONSE LEVEL: Check One

☐ Primary Emergency Response (receives assignments from ROWAN Telecommunications via radio dispatch)

☒ Primary Non-Emergency Response (schedules/arranges calls through a third-party call center)

ADDITIONAL SERVICES PROVIDED: Check all that apply

☒ Event Standby

☒ Transportation of members/employees

☒ EMS Backup (EMS backup is an expected component of franchise operation. Providers who choose not to offer EMS back up services must submit documentation supporting that position. Consideration will be given to that request during application review.)

SECTION II: FRANCHISE MODIFICATION

NAME AND ADDRESS OF THE APPLICANT AND OWNER OF THE AMBULANCE PROVIDER. [1]

Name:

Address:

City: State: Zip:

Phone: Fax Number: Email Address:

Pager: Mobile:

NAME UNDER WHICH SERVICE WILL OPERATE: [2]

NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES PROVIDER NUMBER:

LEVEL OF SERVICE TO BE PROVIDED:[3,4] ☐ CONVALESCENT ☐ EMT-B ☐ EMT-I ☐ EMT-P

FOR ADDITIONS OR DELETIONS, PROVIDE INFORMATION BELOW FOR THE AFFECTED LOCATION(S).

☐ ADD ☐ DELETE

Location Name:

Physical Address:

City: State: Zip Code:

Mailing Address:

City: State: Zip Code:

Phone Number:

Location Hours of Operation: Location Days of Operation:

INDICATE SERVICES PROPOSED BY THE APPLICANT AS A PART OF THIS APPLICATION FOR FRANCHISE MODIFICATION.[5]

AGENCY TYPE: Check One

☐ Public ☐ Private

RESPONSE LEVEL: Check One

☐ Primary Emergency Response (receives assignments from ROWAN via radio dispatch)

☐ Primary Non-Emergency Response (schedules/arranges calls through a third party call center)

ADDITIONAL SERVICES PROVIDED: Check all that apply

☐ Event Standby

☐ Transportation of members/employees

☐ EMS Backup (EMS backup is an expected component of franchise operation. Providers who choose not to offer EMS back up services must submit documentation supporting that position. Consideration will be given to that request during application review.)

DOCUMENT CHECKLIST: Please be certain that all of the documents listed are included with your application.

☐ Certified copy of "Assumed Name Certificate" or Articles of Incorporation.

☐ Annual Continuing Medical Education Training Plan

☐ Current employee/member roster printed from the North Carolina Office of Emergency Services CIS data base

☐ Current vehicle listing printed from the North Carolina Office of Emergency Services CIS data base

☐ Current Station listing printed from the North Carolina Office of Emergency Services CIS data base

FOR MODIFICATION APPLICANTS: (include applicable documents listed below)

☐ Certified copy of the UPDATED "Assumed Name Certificate" or Articles of Incorporation.

☐ UPDATED employee/member roster printed from the North Carolina Office of Emergency Services CIS data base

☐ UPDATED vehicle listing printed from the North Carolina Office of Emergency Services CIS data base

☐ UPDATED station listing printed from the North Carolina Office of Emergency Services CIS data base

1. 4-28.(1) of the codified Rowan County Ambulance Ordinance
2. 4-28.(2) of the codified Rowan County Ambulance Ordinance
3. 4-29.(a) of the codified Rowan County Ambulance Ordinance
4. Level of Service indicated must be maintained for all hours of operation and must be the current level of service provided . Requests to modify level of service are found in Section II, Modifications.
5. 4-28.(3) of the codified Rowan County Ambulance Ordinance
6. 4-28.(4) of the codified Rowan County Ambulance Ordinance
7. 4-28.(5) of the codified Rowan County Ambulance Ordinance
8. 4-28.(6) of the codified Rowan County Ambulance Ordinance
9. 4-28.(6) of the codified Rowan County Ambulance Ordinance

SUBMIT COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Rowan County Department of Emergency Services
2727 Old Concord Road, Suite E
Salisbury, NC 28146

Attn: Bradley Dean, Battalion Chief

This application shall be filled out and submitted to the Rowan County Department of Emergency Services. Upon receipt, the County may request other documentation as needed to judge the ability of the applicant to provide the service(s) or justify the need for such service(s) requested by this application.

Franchises will be in effect for a term of three (3) years. All franchises are renewed simultaneously. An agency requesting a new franchise or modification will be required to renew in synchronization with other agencies.

It is the responsibility of the franchise to provide, at all times specified in the franchise, the degree and level of service outlined in this application. This includes but is not limited to, maintaining all appropriate State certifications for vehicle and personnel. Additionally, a minimum number of eight (8) active members credentialed at the level of service indicated, must be represented on the roster to maintain the franchise certificate.

Under normal circumstances the franchise may be terminated by either party with ninety (90) days prior written notice.

I, the undersigned, have reviewed this Application for Ambulance Franchise. I fully approve, support, and endorse this modification with a thorough involvement and understanding of our respective roles and responsibilities in maintaining an EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.

I, the undersigned, acknowledge that pursuant to 10A NCAC 13P.0401 Components of Medical Oversight for EMS Systems, franchise agencies receive direction and oversight from the Rowan County EMS System. All franchise agencies must comply with the Rowan County Emergency Services EMS Divisions' EMS System Plan with regard to EMS Protocol, Policy and Procedure, as well oversight by the System Medical Director(s) and administrators.

M. Chad Kellum

Owner/President/Chief
Type/print name M. Chad Kellum

4-18-22

Date

The Agency Update has been successfully saved.

Med-Trans dba Med Flight

Update Status

General Information

Physical Address:

901 West Henderson St.
Salisbury, NC 28144
Rowan County
Latitude/Longitude Point: 35.6806083,-80.470305

Mailing Address:

901 West Henderson St.
Salisbury, NC 28144
Rowan County
Latitude/Longitude Point: 35.6806083,-80.470305

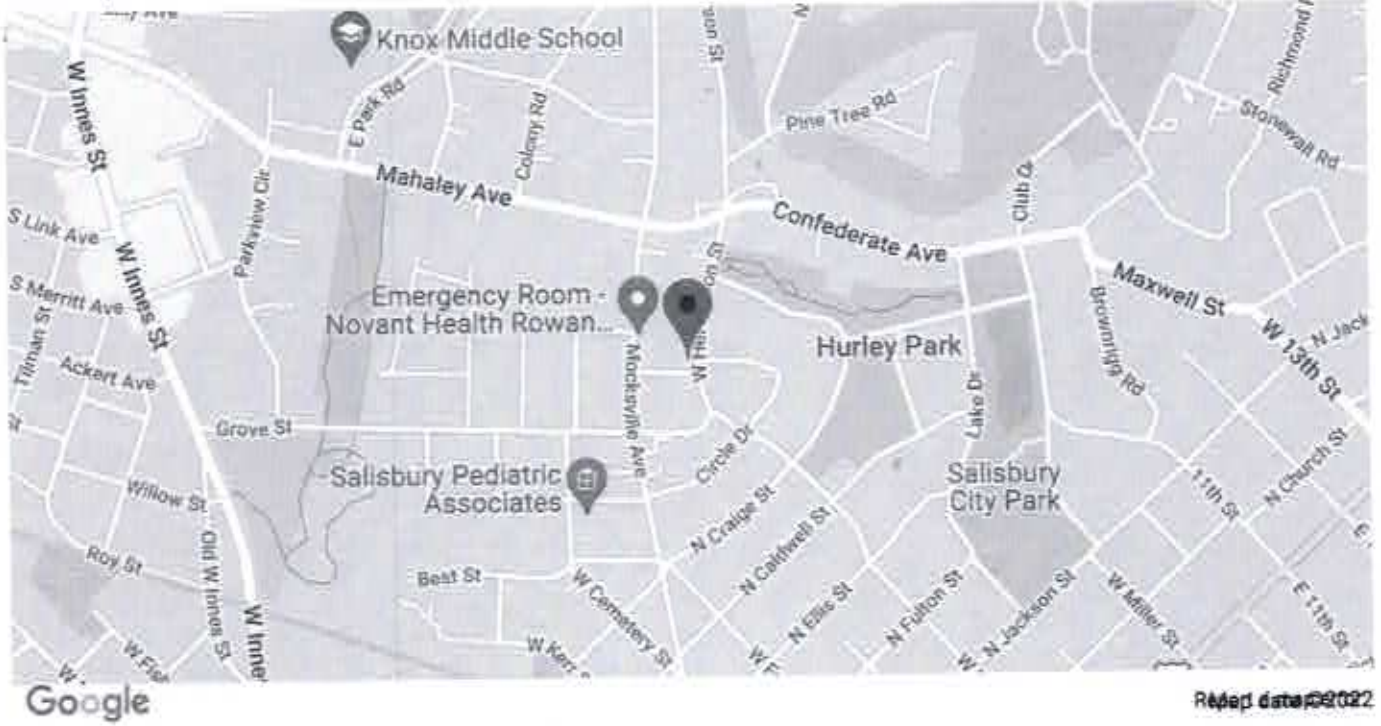
Primary Phone:

Secondary Phone:

Fax:

Website: www.med-trans.com

Status: Open



Last Updated: April 18, 2022 5:06 PM

Properties

Agency Number: 0802277

EMS Agency Service Area County(ies):

Vendors:

- Golden Hour Data Systems
- ImageTrend, Inc.

SMAT Team Site: No

Associated System(s):

- **System:**Rowan County EMS System, **Region:** West

Metropolitan Statistical Area:

Services

Service Level: Nurse

Primary Service: Air Medical

Other Services: 911 Response (Scene) with Transport Capability

Configuration

EMD Vendor:

Billing Status: Yes

EMS Agency Specialty Service Capability:

Patient Monitoring Capability(ies):

Crew Call Sign:

Expanded Scope Of Practice: No

Organization

Type: Private, Non-Hospital

Status: Non-Volunteer

Agency Attachments

Agency License

Nothing found to display.

Agency Inspection

Nothing found to display.

Vehicles

+ Create

VIN	Model Year	Unit Name	Permit	Expiration	Permit Type	Level	Status
1FDYR2CMXJKA36041	2018	Med Flight Ground	NC004547	10/31/2022	Permanent	Paramedic	In Service
N566MT	2017	Med Flight	NC003027	10/31/2023	Permanent	Paramedic	In Service

2 items found, displaying all items.

Export options: CSV | Excel | XML

Vehicle Availability

Edit

Vehicle Type	2-hour Availability	24-hour Availability	Total
Ambulance			1
Rotor Craft (Helicopter)			1

Contacts

+ Add Roster

Name	Job Title(s)	Certification	Exp Date	Phone Number(s)
Amy E Cherry P013797 SC025660	EMS Technician (*Advanced Emergency Medical Technician*) Agency Primary Contact	Paramedic	08/31/2024	
Michael "Chad" C. Kellum SC011335 P118226	Agency Primary Contact Administrator	Paramedic	01/31/2024	**Work:** (864)-256-5357
James William Leitner SC006917 P118895	Agency Primary Contact (*Emergency Medical Technician*)	Paramedic	06/30/2023	**Work:** (843)-323-2350
Joshua Wayne Loyd P508184 SC509901	Medical Director (*Emergency Medical Responder*)	Paramedic	03/31/2023	
Anne Margaret Perry SC517312 P520208	Training Officer			
William Pearson Sutton P066519 SC529306 WV536447	Agency Primary Contact	Paramedic	12/31/2022	

Export options: CSV | Excel | XML

Personnel Availability

Edit

Personnel Type	2-hour Availability	24-hour Availability	Full Time Open Positions	Part Time Open Positions	Full Time	Part Time
EMT-Basic	0	2	1	0	2	0
EMT-Paramedic	0	2	1	0	3	4

Stations

Create

Name	Location	Phone
Novant Health Med Flight Ground	901 West henderson Street Salisbury , NC 28144 Rowan County	(704) 431-4535

Resource Capabilities

Type	Total
Available Ventilators	0
Total Ventilators	2
Available Morgue Capacity	0
Ambulatory Decontamination Capability	0
Non-ambulatory Decontamination Capability	0
EMS Chem Packs	0
Hospital Chem Packs	0

Special Skills

Edit

Skill and number trained or training

Nothing found to display.

ARTICLES OF INCORPORATION
OF
MED-TRANS CORPORATION

The undersigned natural person of the age of 18 years or more, acting as incorporator of a corporation under the North Dakota Business Corporation Act, adopt the following Articles of Incorporation for such corporation:

ARTICLE I.

The name of said corporation shall be Med-Trans Corporation.

ARTICLE II.

The period of its duration is perpetual.

ARTICLE III.

The purposes for which the corporation is organized are:

General purposes and all purposes allowed under the laws of the State of North Dakota.

ARTICLE IV.

The aggregate number of shares which the corporation shall have authority to issue is 5,000 with a par value of $10.00 making a total authorized capitalization of $50,000.00.

ARTICLE V.

The name of the Registered Agent is Dennis Rohlfs. The Social Security or Federal ID# of the Registered Agent is 504-60-4096. The address of the Registered Office is Bismarck Airport, P.O. Box 2273, Bismarck, ND 58502.

ARTICLE VI.

Regulation of the internal affairs of the corporation shall be governed by its bylaws.

ARTICLE VII.

The name, Social Security number, and address of each incorporator is as follows:

NAME	SS#	ADDRESS CITY STATE ZIP
Dennis Rohlfs		1320 Crestview Lane Bismarck, ND 58501

The above-named incorporator states that I have read the above Articles of Incorporation and know the contents thereof, and believe the statements made therein to be true.

Dated this 13 day of February, 1995.

Dennis Rohlfs

Dennis Rohlfs

FEES:
Filing.....$30.00
Consent of Registered Agent.....$10.00
Minimum License Fee.....$50.00
Additional License Fees.....
(Equal to $10.00 for each additional $10,000 in excess of $50,000)

Certificate No. _____

Filing Date: 2-14-95

Fee Paid: _____

Filed by: SK

HED-TRANS.AOI
DWMJRK

State of North Dakota

SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

OF

MED-TRANS CORPORATION

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that Articles of Incorporation for the incorporation of

MED-TRANS CORPORATION

duly signed and verified pursuant to the North Dakota statutes governing a North Dakota business corporation, have been received in this office and are found to conform to law.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Incorporation to

MED-TRANS CORPORATION

Dated: February 14, 1995

Alvin A. Jaeger
Secretary of State

Topics	Owner	Due Date
Q1- Virtual Case Review Hyponatremic Pedi/Intubated	Kenny	To Team-11/1/2021 Complete-12/1/2021
Q1- Virtual Case Review Neuro shock	Tommy	To Team-11/1/2021 Complete-12/1/2021
Q2- Poly trauma/RBI	Howard	2/1/2022 3/1/2022
Q2- Misdispatched/Proning	Jodi	2/1/2021 3/1/2022
Q3 - COA	Jodi	5/1/201 6/1/2022
Q3 - Cyanide PO	Wren	5/1/201 6/1/2022
Q4 - HROB- Environmental	Tommy	8/1/2021 9/1/2022
Q4 - NRP Resuscitation - Narc. Delivery	Wren	8/1/2021 9/1/2022

January	Triage	Howard	11/1/2021
February	Bleeding Tonsils	Jodi	12/1/2021
March	RBI	Howard	1/1/2022
April	Burn	Tommy	2/1/2022
May	Cyanide PO	Wren	3/1/2022
June	COA	Jodi	4/1/2022
July	Acid/Base- Dr Shannon	Howard	5/1/2022
August	Environmental	Tommy	6/1/2022
September	HROB / NRP / EOY Exam	Tara Wren	7/1/2022
October	Compartment syndrome- Crush		8/1/2022
November	DR. Brown	Wren	9/1/2022
December	Infectious Disease- Dr Simmons	Jodi	10/1/202

MTC Annual Medical Crew Educaion Overview

Med-Trans Corporation requires that each medical crew member attend quarterly simulation training that is held at a contracted facility within the region / program that they are assigned. Scenarios are developed by the Professional Development Team with consideration given to accreditation body requirements and educational needs identified during peer review and quality metrics review. Key equipment and procedure competencies are worked into each of the quarterly simulations to maximize the time an employee spends with their program level educators. Each employee spends between 2-4 hours per quarter for the simulation training. Below is the 2019 plan for quarterly simulations.

Human Patient Simulation 2019		
Content	Provided By	Scenario
Hemorrhage Stroke	Simulation	Adult Emergency Care
Pedi Amputation	Simulation	Pediatric Emergency Care
Cardiogenic Shock	Simulation	Adult ICU
Pedi Failed Airway	Simulation	Pediatric Emergency Care
Pedi Drowning	Simulation	Pediatric ICU
Pedestrian v. Car	Simulation	Adult Emergency Care
Burn	Simulation	Adult Emergency Care
HROB - Shoulder	Simulation	HROB
NRP - Distressed Newborn	Simulation	Neonatal Emergency Care
Endotracheal intubations - minimum 1/age group/quarter	Skill Trainer	Skill based station
Alternative airway management	Skill Trainer	Skill based station
Invasive procedures labs	Annual Invasive Skills Lab	Skill based station

Med-Trans utilizes Cornerstone as the Learning Management System for medical crew members. Each month a minimum of one topic is assigned; additional content may be assigned as learning needs are identified. The topics are selected to prepare crew members for simulation as well as address learning needs identified from case reviews. Each module has a questions embedded throughout the presentation as well as a quiz to validate competency at the end. ASTNA continuing education credits are awarded for each module. Modules typically take 30-60 minutes to complete.

2019 Didactic		
Month	Provided By	Content
January	Cornerstone	IABP Basics
February	Cornerstone	Peds Trauma Overview
March	Cornerstone	Cardiogenic Shock
April	Cornerstone	PALS Review
May	Cornerstone	Drowning
June	Cornerstone	Local Case Review
July	Cornerstone	Pharm Review - Top 10
August	Cornerstone	Lab Data Review
September	Cornerstone	End of Year Exam
October	Cornerstone	Burns
November	Cornerstone	NRP / Stable
December	Cornerstone	Heat / Cold Emergencies

MTC Annual Medical Crew Educaion Overview

Programs offer scope of care specific level education in collaboration with the Professional Development Team. Below are examples of the program specific education.		
Additional Education		
Content	Provided By	Frequency
Transport Provider Advanced Trauma Course	ASTNA Course	3 years
High Risk Obstetrics	Approved Instructor	Annually
Intra-aortic Balloon Pump	Approved Instructor	Annually
Impella Device	Approved Instructor	Annually
Ventricular Assist Devices	Approved Instructor	Annually
Advanced Certification Preparation / Review	Approved Instructor	4 years

First Name	Middle Na	Last Name	Suffix	State Off	Certificatic	Exp Date	Employment Status	
John		Allen		P542701			'Full Time Paid Employee'	
Tyler	James	Allen		P539200	Paramedic	3/31/2026	'Full Time Paid Employee'	
Patrick	Henry	Barkley		P125604			'Full Time Paid Employee'	
Amy	E	Cherry		P013797	Paramedic	8/31/2024	'Full Time Paid Employee'	'Full Time Paid Employee'
Paul	David	Edwards		P539027	Paramedic	3/31/2026	'Full Time Paid Employee'	
Misty	H	Faavesi		P050307			'Full Time Paid Employee'	
Joshua	A	Gore		P086935	Emergenc\	6/30/2024	'Full Time Paid Employee'	
Douglas	C	Helms		P037084	Paramedic	6/30/2025	'Full Time Paid Employee'	
Nicholas	J.	Herrington		P118343	Paramedic	3/31/2023	'Full Time Paid Employee'	
Cody	Glenn	Jackson		P118433	Paramedic	3/31/2026	'Full Time Paid Employee'	
Michael;Chad;	C.	Kellum		P118226	Paramedic	1/31/2024	'Full Time Paid Employee'	'Full Time Paid Employee'
James	William	Leitner		P118895	Paramedic	6/30/2023	'Full Time Paid Employee'	
Brian	C	Lonon		P032185	Paramedic	3/31/2024	'Full Time Paid Employee'	
Matthew	A	Lonon		P032186	Paramedic	7/31/2022	'Full Time Paid Employee'	
Kimberly	Lynette	Lovingood		P118369	Paramedic	8/31/2025	'Full Time Paid Employee'	
Joshua	Wayne	Loyd		P508184	Paramedic	3/31/2023	'Part Time Paid Employee'	
Ryane	Cash	Peeples		P118233	Paramedic	3/31/2026	'Full Time Paid Employee'	
Anne	Margaret	Perry		P520208			'Part Time Paid Employee'	
Joseph	D	Stepp	II	P032633	Paramedic	4/30/2026	'Full Time Paid Employee'	
Patrick	R	Strickland		P014057	Paramedic	3/31/2024	'Full Time Paid Employee'	
William	Pearson	Sutton		P066519	Paramedic	12/31/2022	'Full Time Paid Employee'	
Leonard	R	Thorpe		P036025	Paramedic	5/1/2025	'Full Time Paid Employee'	
Kara		Thurston		P050861	Paramedic	3/31/2026	'Full Time Paid Employee'	
Camille		Waldron		P118849			'Full Time Paid Employee'	
Charlotte	Rose	Wyatt		P057056	Emergenc\	3/31/2024	'Full Time Paid Employee'	