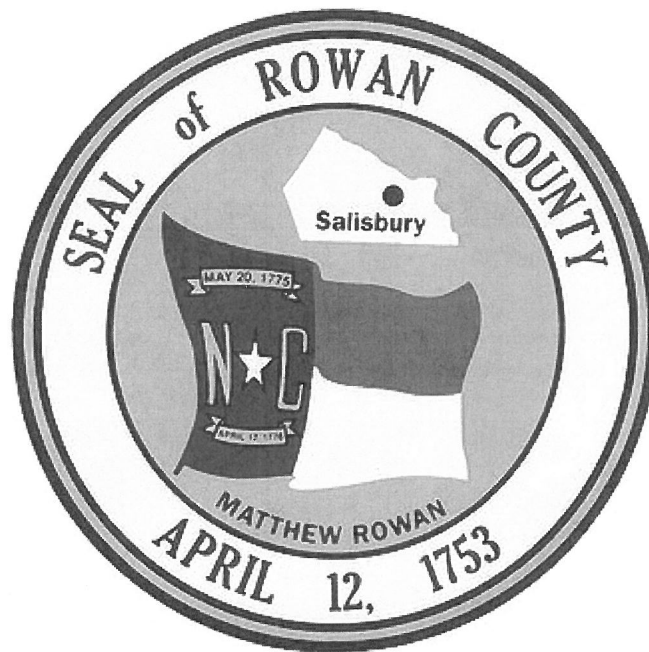
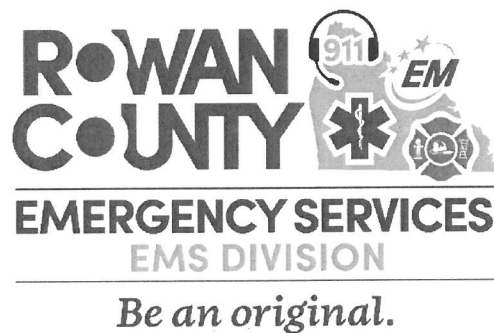


County of Rowan



Department of Emergency Services EMS Division



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 not 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: Rowan County Rescue Squad, Inc.

Address: 1140 Julian Rd.

City: Salisbury

State: NC

Zip: 28146

Phone: 704-633-5405 Fax Number: 704-633-9809 Email Address: allen.carlyle@rowanrescue.org

Pager:

Mobile: 704-239-9135

NAME UNDER WHICH SERVICE WILL OPERATE: ² Rowan County Rescue Squad, Inc.

NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES PROVIDER NUMBER: 0800295

LEVEL OF SERVICE TO BE PROVIDED:^{3,4} ☐ CONVALESCENT ☒ EMT ☐ 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)

Founded in July of 1951 the Rowan County Rescue Squad currently operates 2 NCOEMS certified ambulances in Rowan County providing BLS response to both Emergency and Non-Emergency dispatched calls when requested. Currently we have 33 members and 15 additional employees on our roster.

Rowan Rescue provides EMT continuing education on the 2nd Thursday of each month through Rowan-Cabarrus Community College using the CE program topics and outlines developed by the Rowan County EMS System for EMTs and Medical Responders. Personnel who may hold ALS credentials attend continuing education with the Rowan County EMS Division.

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 #: 916 Make: Chev Model: Van Year: 2013

VIN: 1GBZUCL2C1127092 Permit: NC002131 Inspection Date: 01/05/2021 Expiration: 01/31/2023

Unit #: 914 Make: Dodge Model: Year: 2017

VIN: 3C7WRLCL3JG194126 Permit: NC003561 Inspection Date: 01/05/2021 Expiration: 01/31/2023

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 OPERATION⁸. 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: Rowan County Rescue Squad

Physical Address: 1140 Julian Rd.

City: Salisbury State: NC Zip Code: 28146

Mailing Address:

City: State: Zip Code:

Phone Number:

Location Hours of Operation: Location Days of Operation:

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. ⁹

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.



Owner/President/Chief
Type/print name

4/26/2022
Date

Rowan Rescue NCOEMS Continuum Roster

First Name	Middle Name	Last Name	Suffix	State Office	Job Title(s)	Certification	Exp Date	Employment Status
Eric	D	Albright		P008834	'EMS Techr Advanced Emergei		3/30/2025	'Part Time Unpaid Employee'
NICHOLAS	LEI	BARLOW		P517736	'EMS Techr Emergency Medicæ		8/31/2023	'Part Time Unpaid Employee'
Tim	R	Beaver		P031215	'EMS Techr Emergency Medicæ		8/31/2022	'No Longer Employed by Service'
Douglas	A	Bickerstaff		P018353	'EMS Techr Paramedic		6/30/2025	'Part Time Paid Employee'
Crystal	C	Blevins		P061089	'EMS Technician'			'Part Time Unpaid Employee'
Jerry	D	Blevins		P061091	'EMS Techr Emergency Medicæ		3/30/2025	'Part Time Paid and Part Time Unp
Tony	J	Brown		P026908	'IT Personn Paramedic		3/31/2023	'Full Time Paid Employee'
William	Chandler	Brown		P510013	'EMS Techr Paramedic		4/30/2025	'Part Time Unpaid Employee'
Allen	James	Carlyle	Jr.	P066521	'EMS Techr Emergency Medicæ		3/31/2025	'Part Time Paid and Part Time Unp
Bradley	E	Dean		P024266	'EMS Techr Paramedic		10/31/2022	'Part Time Unpaid Employee' 'Part
James	K	Dodd		P030348	'EMS Techr Advanced Emergei		5/31/2026	'Part Time Paid Employee'
David	H	Earnhardt		P012669	'EMS Techr Emergency Medicæ		5/31/2023	'Part Time Paid Employee'
Rocky	D	Fields		P012140	'EMS Techr Emergency Medicæ		2/28/2025	'Part Time Unpaid Employee'
Julio		Gonzalez		P040147	'EMS Techr Emergency Medicæ		10/31/2022	'Part Time Unpaid Employee'
Allen	Michael	Hicks		P518040	'EMS Techr Paramedic		12/31/2025	'Part Time Unpaid Employee'
Tyler	Mitchell	Karriker		P109028	'EMS Techr Emergency Medicæ		12/31/2023	'Part Time Unpaid Employee'
Chad	A	LaTurno		P012476	'EMS Techr Paramedic		4/30/2025	'Part Time Paid Employee' 'Part Tir
April	M	Lashua		P079520	'EMS Techr Paramedic		9/30/2025	'Part Time Paid Employee'
Douglas	T	Leary		P006270	'EMS Technician'			'Part Time Paid and Part Time Unp
Wayne	D	Livengood		P007248	'EMS Techr Emergency Medicæ		6/30/2025	'Part Time Paid Employee'
James	Ray	Long		P032947	'EMS Techr Emergency Medicæ		9/30/2025	'Part Time Paid Employee'
Michael	Shane	McDaniel		P015962	'EMS Techr Emergency Medicæ		5/31/2023	'Part Time Paid and Part Time Unp
Lawrence	S	Mccaskill		P017257	'EMS Techr Paramedic		1/31/2025	'Part Time Unpaid Employee'
Judy	W	Morgan		P518095	'EMS Techr Paramedic		3/31/2026	'Part Time Unpaid Employee'
Robert	Alan	Parnell		P533844	'EMS Techr Emergency Medicæ		12/31/2024	'Part Time Unpaid Employee'
John	P	Piana		P102621	'EMS Techr Emergency Medicæ		6/30/2025	'Part Time Unpaid Employee'
Buenna	L	Richardson		P020077	'EMS Techr Emergency Medicæ		6/30/2025	'Part Time Unpaid Employee'
John	D	Sharp		P023107	'EMS Techr Paramedic		5/31/2025	'Part Time Paid and Part Time Unp
Derek	L	Tilley		P015243	'EMS Techr Paramedic		8/31/2022	'Part Time Paid and Part Time Unp
Jamie	Ariail	Watkins		P502758	'EMS Techr Advanced Emergei		10/31/2023	'Part Time Unpaid Employee'
emsCharts		WebServices		P065509	'IT Personnel'			'Part Time Unpaid Employee'
John	J	Weddington		P013682	'EMS Techr Emergency Medicæ		3/30/2025	'Full Time Paid Employee'

Jeffrey	K	Wensil	P020868	'EMS Techr Emergency Medicæ	6/30/2024	'Part Time Unpaid Employee'
Steven		Yetton	P116835	'EMS Techr Paramedic	12/31/2023	'Part Time Paid and Part Time Unp
Phillip	M	York	P025573	'EMS Techr Emergency Medicæ	3/2/2025	'Part Time Paid and Part Time Unp

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