

Request for a Letter of Approval (LOA)

General information For All Applicants

Pursuant to Section 773.0573 of the Texas Health and Safety Code, a Letter of Approval (LOA) from the Houston City Council is required as a prerequisite to obtaining an Emergency Medical Services Provider's permit from the Texas Department of State Health Services (TDSHS) for medical transport providers operating in the City of Houston (City). Within the City the provision of emergency medical transportation is a function of the Houston Fire Department. Therefore, any City medical transport provider's permit issued to a private company shall only provide approval for non-emergency medical transportation. Applicant is aware of and understands that the issuance of a LOA does not guarantee the eventual issuance of a City of Houston medical transport provider's permit.

Application Submission Procedures

Completed, notarized (stamped rather than embossed) applications, and all related documents may be emailed to HLTEMS@houstontx.gov or mailed/walked in to our office at 7427 Park Place Blvd. Houston, TX 77087.

The director or his designee shall review the application and all supporting documentation submitted and may request additional information. The director shall consider the application and any additional information requested and submitted by the applicant and shall make a recommendation to city council whether the applicant has satisfied the requirements of Section 773.0573.

Application requirements

Please read and carefully complete the following Letter of Approval Application Questionnaire and Cover Page. Please answer all questions in the Letter of Approval Application Questionnaire in a separate Word document. To prevent processing delays or rejection of your application ensure that all information submitted is true, complete and accurate. All requested information is required.

A clear and current copy of the driver's license for all owners, as well as the Ambulance Service Operator must be provided with the Letter of Approval Application.

Letter of Approval Application Questionnaire

To assist in the review process, please submit the information as follows:

Location and General Operations

- 1) Provide details about the office location and ambulance storage location you plan to operate out of.
- 2) In what service area do you plan to provide transports?
- 3) List the days and hours the company will operate.
- 4) Will your company provide wheelchair van services?
- 5) Provide details about the type of ambulance services you plan to offer? Example: dialysis transport, interfacility transport for hospitals, transports for assisted living patients, individual patient transport to appointments etc.
- 6) What qualifications/experience do you have that are relevant to running an ambulance service company?

Vehicles and Equipment

- 1) How many ambulances do you plan to operate?
- 2) What level ambulances do you plan to operate? Example: BLS, ALS, MICU
- 3) What steps will the company take to verify their Protocol and Procedures include the City of Houston minimum equipment requirements? Example: During the creation of your Medical Protocols, working with your Medical Director to verify all City minimum equipment requirements are incorporated.

Personnel

- 1) Describe the companies' staffing plan. Example: How many personnel do you plan to employ? How many EMT-B's? How many paramedics?
- 2) How will the company verify all ambulance drivers working for the company have a current and valid city of Houston ambulance driver permit?
- 3) What sort of policy, procedure or system will the company have in place to ensure that all personnel are currently certified or licensed by the TDSHS?
- 4) How will the company handle a driver with an expired City of Houston Driver ID?
- 5) How will the company handle a driver/attendant refusing an inspection from the City of Houston?
- 6) Will your ambulance drivers and attendants be required to wear a company uniform?
- 7) What credentials will your ambulance drivers and attendants be required to carry while working on the ambulance?

Medical Director

- 1) Who do you plan to employ as your Medical Director?
- 2) How will Protocol revisions be handled? By whom?
- 3) How would the company handle a situation where a medication on your minimum equipment list is on backorder and you are unable to obtain it?

City of Houston Chapter 4 Code of Ordinances

- 1) Are you aware that in order to operate within the City of Houston you must have a current and valid City of Houston decal affixed to your ambulance? Decals are only awarded after the ambulance has been brought in for a full inspection of the vehicle, equipment, and medications, and no deficiencies are found. What steps will you take to prepare for the City of Houston decal inspections?
- 2) How will your company plan to have a current City of Houston Permit and decal affixed to ambulance (s) prior to operating on an annual basis?

Operations

- 1) How would the company handle a scenario where a patient is too heavy for the driver and attendant to lift? In this scenario all other ambulances owned by the company are not available to assist.
- 2) How will the company ensure ambulances are properly equipped with essential equipment prior to operating daily?
- 3) How will the company ensure ambulances do not have structural deficiencies prior to operating daily?
- 4) How do you plan to obtain patients/customers?
- 5) How would the company handle a scenario when during a normal transport to a dialysis appointment the patient has a heart attack?



Letter of Approval Application Cover Page

Pursuant to Section 773.0573 of the Texas Health and Safety Code, the below named applicant is herein requesting a Letter of Approval (LOA) from the Houston City Council as a prerequisite to obtaining an emergency medical services provider's permit from the Texas Department of State Health Services. Applicant is aware of and understands that the issuance of a LOA does not guarantee the eventual issuance of a City medical transport provider's permit and that any City provider's permit, if issued, shall only provide approval for non-emergency transportation.

Ambulance Service Full Name _____
 DBA (if any) _____
 Mailing Address _____
 Physical Address _____
 Ambulance Storage Address _____
 Telephone Number _____
 Email Address _____

Ownership Individual Partnership Corporation

Owned by the following person(s) or partners (add additional page if needed):

A copy of the driver's license for all owners as well as the Ambulance Service Operator must be submitted.

Last and First Name	Full Address

Ambulance Service Operator (Responsible person for company and receives all enforcement action)

Last and First name _____
 Driver's License Number _____
 Phone Number _____
 Email Address _____

State of Texas §
County of Harris §

 Signature of Ambulance Service Operator

Before me, a notary public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing application and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public Seal

 Notary Public Signature