

**Ohio Department of Public Safety
Division of Emergency Medical Services**



**Medical Transportation Licensing System
Ambulance, MoICU, and Air Medical
Online Application - User Guide**



**Department of
Public Safety**

January 2020

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NOTE: It is the medical transportation services responsibility to keep the Contact, Executive and Insurance information up-to-date.

Communications regarding your medical transportation license will be emailed to the contacts and/or executives.

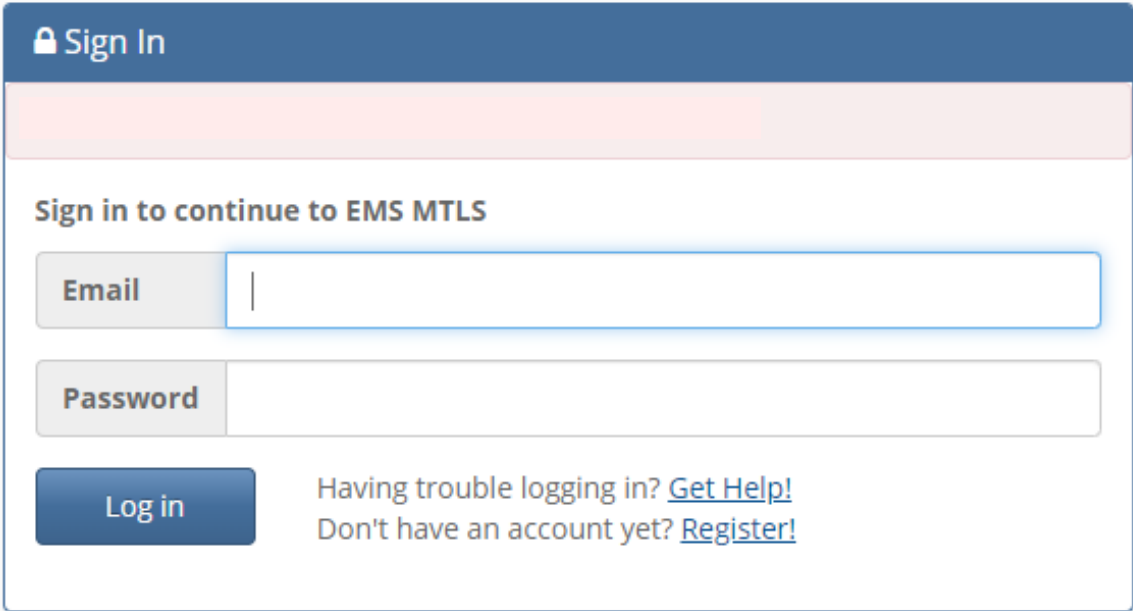
Identity Manager

Log into Identity Manager using the following link: <https://services.dps.ohio.gov/EMSMTLS/>

If you have not registered with Identity Manager you will need to do so before you can proceed.

For help registering, go the Ohio EMS webpage, Medical Transportation section, then

MTLS Online “How To” for information.



The screenshot shows the ODPS Identity Manager login interface. At the top, the title "ODPS Identity Manager" is displayed in a large, dark blue serif font, with the subtitle "Single sign-on for the Ohio Department of Public Safety" in a smaller, dark blue sans-serif font below it. The main login area is enclosed in a white box with a blue border. It features a dark blue header bar with a white lock icon and the text "Sign In". Below this is a light pink horizontal bar. The main content area has the heading "Sign in to continue to EMS MTLS" in bold. There are two input fields: "Email" and "Password", each with a grey label and a white input box. Below the "Email" field is a blue "Log in" button. To the right of the button, there is text that reads "Having trouble logging in? [Get Help!](#)" and "Don't have an account yet? [Register!](#)".

MTLS Online System Home Page

Home /

New Service Application
To submit new service application.

My Profile
To view your user profile and request access to additional service(s).

Active / Pending Service Application(s)

Service Code	Service Name	Type of service	Effective Date	Expiration Date	Status	Action
--------------	--------------	-----------------	----------------	-----------------	--------	--------

Submitted / In process Application

Service Code	Service Name	Type of service	Effective Date	Expiration Date	Status	Action
--------------	--------------	-----------------	----------------	-----------------	--------	--------

Question regarding the EMS MTLs, please email: medicaltransportation@dps.ohio.gov Or call 800.233.0785 and ask for an EMS MTLs Coordinator
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Overview

1. New Services Application

- To apply for a new Ambulance / MoICU, or Air Medical license.

2. Manage Access

- This area allows the administrator to grant access to add up to 3 users.
 - *This option will only appear IF you are the admin of a service.*

3. My Profile

- To request access to be the administrator of an existing service.

4. Active / Pending Application(s)

- This area displays the service(s) that you have access to.
NOTE: Hovering over the "Action" area will allow you to:
 1. View details of the application
 2. Update the application
 3. Show when you are eligible to renew

5. Submitted / In Process Application(s)

- This area shows pending, draft or in process applications.

Apply for a new Medical Transportation License

New Service Application

To submit new service application.

- The following pop up box will automatically appear. The pop up provides you with required information you will need in order to complete an application.
- Please check the box at the bottom of the page indicating that you have read and understand the information. Click on “Start Application” to begin.

New Service Application Requirements

Before proceeding with this application, please ensure the following:

1. You have read and understand the licensing requirements in Sections 4766 of the Ohio Revised Code and Ohio Administrative Code;
[ORC 4766](#) | [OAC 4766](#)
2. You have your Federal Tax ID Number or E.I.N
3. The following documents will be needed to upload into the application:
 - Certificate of Insurance
 - Blank Trip/Run Report
 - Color Photo of the Vehicle
4. Certificate of Insurance
 - General Liability (Min. \$500,000 each occurrence and General Aggregate)
 - Vehicle Liability (Min. \$350,000 combined single limit each occurrence or Min. \$100,000 bodily injury / person, \$300,000 / accident, \$50,000 property)
 - Insured name and address is the same as on the application
 - Thirty (30) day cancellation notice
 - State Board of Emergency Medical, Fire, and Transportation Services 1970 West Broad St. Columbus, Ohio 43223 is listed as certificate holder.
5. Fees:

Service License Fee:	\$100
Ambulance:	\$200 per vehicle
Mobile Intensive Care Unit:	\$200 per vehicle
Non-Transport Vehicle:	\$200 per vehicle
Ambulette:	\$100 per vehicle
Medical Aircraft:	\$200 per vehicle

☐ I have read and understand the application requirements

Cancel

Start Application

Select the Service Type


- Ambulance / MoICU
- Air Medical


[Home](#) / [New Service Application](#)


New Service Application

Select a Service Type

Each service type requires a separate application


Ambulette (Wheelchair Transport)


Ambulance / MoICU


Air Medical

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Before starting an application: *(Please note the following)*

- ✓ The **RED *** indicates required fields.
- ✓ In order to move to the next tab of the application all required information must be completed.
- ✓ The information will be saved when you “save and continue” or “save and close” the application. When you return to the application, you can go directly to where you left off.
- ✓ If you cancel the first page of the application before saving, the application will be lost.
- ✓ Draft applications or applications that have not been submitted must be submitted within thirty (30) days from when the application was started or it will be automatically be deleted.

Completing the Application

Tab 1 (Details)

[Home](#) / [Service Details](#)

Service Type

Details

Drivers

Contacts

Service Area

Safelink

Vehicle

Insurance

Documents

Confirmation

Invoice

Complete

Service Details

Save and Close

Service Details

* Denotes Required Field

Service Name*

Federal Tax ID*

Highest Level of Service*

99-9999999

Ambulette

Phone Number*

Ext

Fax Number

Organization Type*

(999) 999-9999

(999) 999-9999

☐ Privately Owned ☐ Publicly Owned ☐ Hospital Owned ☐ University Owned ☐ Other

Two-Way Communication (Dispatch)*

Two-Way Communication (Medical)*

Dispatch Manned 24 Hours Per Day*

Cell Phone*

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Medicaid Number

Ambulette Transport Count*

0

DBA Names

Add

Physical Address

Address*

Address 2

Zip*

99999

City*

State*

County

Non-Ohio

Mailing Address

☐ Same as Physical Address?

Mailing Address*

Mailing Address 2

Mailing Zip*

99999

Mailing City*

Mailing State*

Cancel

Save and Continue


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Tab 2 (Medical Director)


- Ambulance / MoICU and Air Medical must supply information about their Medical Director.
- Please provide business contact information.
- When you click on “Save and Continue”, a pop up box will automatically appear.
- In order to proceed, the service must attest that their medical director meets the requirements of a medical director pursuant to Section 4765-3-05 of the Ohio Administrative Code.


[Home](#) / Medical Director


Service Name: ABC Ambulance **Service Code:** Unassigned **Service Type:** Ambulance/MoICU **Status:** Draft New


 Service Type


 Details


 Medical Director


 Contacts


 Service Area


 Satellites


 Vehicles

 Insurance

 Documents

 Confirmation

 Invoice

 Complete

Medical Director Save and Close

Medical Director * Denotes Required Field

First Name*

Middle Initial

Last Name*

License Number*

Business Phone Number*

Business Address*

Address 2

Business Email Address*

City*

State*

Zip*

Cancel

Save and Previous

Save and Continue

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Medical directors and assistant medical directors must meet ALL of the following qualifications:

1. Possession of a valid Ohio medical license;
2. Active involvement in the provision of emergency care to patients;
3. Active participation with one or more EMS organizations, including but not limited to:
 - Conducting performance improvement programs;
 - Conducting education programs;
 - Conducting protocol updates.

Medical director must possess one of the following:

4. Board certification by the "American Board of Emergency Medicine" or the "American Osteopathic Board of Emergency Medicine";
5. Board eligibility by completion of an emergency medicine residency program recognized by the "American Board of Medical Specialties" or the "American Osteopathic Association";
6. Board certification by a medical specialty board recognized by the "American Board of Medical Specialties" or the "American Osteopathic Association," followed by successful completion of an emergency medical services fellowship;
7. Board certification by the "American Board of Pediatrics" or the "American Osteopathic Board of Pediatrics," followed by successful completion of a pediatric emergency medicine fellowship program accredited by the "Accreditation Council for Graduate Medical Education" or the "American Osteopathic Association Program and Trainee Review Council";
8. Subspecialty board certification by the "American Board of Emergency Medicine" in emergency medical services.

Current Medical Directors:

If you are a current medical director but do not possess one of the requirements listed above, (4), (5), (6), (7), or (8), but meets the qualifications in (1), (2), and (3) you must:

- A. Show completion of a medical directors course approved by the EMFTS board; and
- B. Submit to the board written verification of EMS medical director experience and verification that the individual conducted performance improvement programs or training.

New Medical Directors:

A physician who meets the qualifications in (1), (2), and (3) but does not possess one of the requirements listed above in, (4), (5), (6), (7), or (8), and wishes to become a new medical director shall do all of the following:

- A. Complete an EMS medical director's course approved by the board. A list of courses which have been reviewed and deemed acceptable by the board is available at http://ems.ohio.gov/ems_rpab.stm;
- B. Petition the board for a waiver of the emergency medicine residency program requirement. The state medical director, in conjunction with the RPAB chairs, will review the petition for waiver and make a recommendation to the board;
- C. Submit any and all additional information or documents requested by the board, the state medical director, or the RPAB chairs to support the petition.

Additional qualifications of all Medical Directors:

- A. Evidence of high ethical standards and no conflicts of interest;
- B. Utilizes aggregate data from the division in peer review and quality improvement programs at the local level;
- C. Required to participate in peer review and quality improvement programs, as provided in section 4765.12 of the Revised Code.

☐ I have read the qualification requirements for a physician to service as Medical Director and attest that the physician that serves as medical director for my EMS agency meets or exceeds the requirements.

Close

Save changes


Tab 3 (Contacts and Executives)


- Click on “Add Contacts” to add up to 3 individuals who will receive correspondence from the Medical Transportation section regarding your medical transportation service. One contact must be designated as primary.
- Click on “Add Executives” to add up to 5 people.


NOTE: It is the medical transportation services responsibility to keep the contact and executive information up to date. Communications regarding your medical transportation license will be e-mailed to the contacts and/or executives.


[Home](#) / [Service Contacts](#)


Service Name: ABC Ambulance **Service Code:** Unassigned **Service Type:** Ambulance/MoICU **Status:** Draft New


 Service Type


 Details


 Medical Director


 **Contacts**


 Service Area


 Satellites


 Vehicles

 Insurance

 Documents

 Confirmation

 Invoice

 Complete

Service Contacts Save and Close

Contacts + Add Contact

No Contacts Present
You must add at least 1 contact before moving on

Executives + Add Executive

No Executives Present
You must add at least 1 executive before moving on

Cancel Save and Previous Save and Continue

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Tab 3 (Continued)

Contact Details

* Denotes Required Field ✕

First Name*

Middle Initial

Last Name*

Business Phone Number*

Ext

Business Email*

Close

Save

Executive Details

* Denotes Required Field ✕

First Name*

Middle Initial

Last Name*

Title*

Business Phone Number*

(999) 999-9999

Business Email*

Mailing Address

☐ Same as Service Address?

Business Address*

City*

State*

Zip*

99999

Close

Save

Tab 4 (Service Area)

- Hover over and click on the county(ies) of your primary service area.

[Home](#) / Service Area

Service Name: ABC Ambulance

Service Code: Unassigned

Service Type: Ambulance/MoICU

Status: Draft New

Service Type

Details

Medical Director

Contacts

Service Area

Satellites

Vehicles

Insurance

Documents

Confirmation

Invoice

Complete

Service Area

Save and Close

Service Area

* Denotes Required Field

Does your Service serve all Ohio counties? ☐ Yes ☐ No

Please select the counties your agency primarily services.

Cancel

Save and Previous

Save and Continue

10

Tab 5 (Satellites)

- A satellite location is a company owned physical address where employees report to work and vehicles are housed other than the headquarters location.
- To add a satellite location(s), click on “+Add Satellite”.
- Add the satellite information where indicated then select “Save”. Follow the same process for adding additional satellite locations.
- When finished adding satellite locations, click on “Save and Continue”.

Home / Service Satellites

Service Name: ABC Ambulance Service Code: Unassigned Service Type: Ambulance/MoICU Status: Draft New

Service Type Details Medical Director Contacts Service Area **Satellites** Vehicles Insurance Documents Confirmation Invoice Complete

Satellites Save and Close

Satellites + Add Satellite

No Satellites Present

Cancel Save and Previous Save and Continue

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Satellite Details * Denotes Required Field

Business Address* Address 2 Zip*

City* State* County
 Non-Ohio

Contact First Name Middle Initial Contact Last Name

Contact Business Phone Number Contact Business Email Vehicle Count*


Close Save


Tab 6 (Vehicles)


- You must have at least one vehicle in order to be licensed.
- To add a vehicle, click on “Add Vehicle”.
- Add required vehicle information where indicated then select “Save”. Follow the same process for adding additional vehicles.
- When finished adding vehicles, click on “Save and Continue”. You will proceed to the next tab.


[Home](#) / Service Vehicles


Service Name: ABC Ambulance **Service Code:** Unassigned **Service Type:** Ambulance/MoICU **Status:** Draft New


 Service Type


 Details


 Medical Director


 Contacts


 Service Area


 Satellites


 Vehicles

 Insurance

 Documents

 Confirmation

 Invoice

 Complete

Vehicles

Save and Close

Vehicles

+ Add Vehicle

No Vehicles Present

You must add at least 1 vehicle before proceeding

Cancel

Save and Previous

Save and Continue

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Tab 6 (Continued)

For Ambulance/MoICU Vehicles (Option of Ambulance, MoICU and Non-Transport)

Vehicle Details * Denotes Required Field ✕

Vehicle Type*	Year*	Make*	Model*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VIN*	Odometer*	License Plate	Service Vehicle Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For Air Medical Vehicles (option of Fixed Wing or Rotor Wing as vehicle type)

Vehicle Details * Denotes Required Field ✕

Vehicle Type*	Year*	Make*	Model*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tail Number*	Airframe Hours*	Service Vehicle Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Tab 7 (Insurance)

- Add General Liability and Vehicle Liability insurance. The information must match the Certificate of Insurance that will need to be uploaded in Tab 8.

****Licensed services must maintain General and Vehicle insurances at all times****

**** The insurance information must be kept up to date in the MTLs online system****

Home / Insurance

Service Name: ABC Ambulance Service Code: Unassigned Service Type: Ambulance/MoICU Status: Draft New

Service Type Details Medical Director Contacts Service Area Satellites Vehicles Insurance Documents Confirmation Invoice Complete

Insurance

Save and Close

General Insurance

+ Add General Insurance

No General Insurance Present

You must add General Insurance

Vehicle Insurance

+ Add Vehicle Insurance

No Vehicle Insurance Present

You must add Vehicle Insurance

Cancel Save and Previous Save and Continue

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General Insurance Details

* Denotes Required Field

Policy Number*	Effective Date*	Expiration Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>
General Insurance Company*	General Insurance Agent*	
<input type="text"/>	<input type="text"/>	

☐ This policy includes a minimum \$500,000 Each Occurrence, a minimum \$500,000 General Aggregate, and a 30 Day Cancellation Notice.

Close Save

Tab 7 (Continued)

(Air Medical)

Enter Insurance General Information

Effective Date	<input type="text" value="mm/dd/yyyy"/>	Expiration Date	<input type="text" value="mm/dd/yyyy"/>
General Insurance Agent	<input type="text"/>	General Insurance Company	<input type="text"/>
Policy Number	<input type="text"/>		
\$20,000,000 each occurrence	<input type="radio"/> Yes <input type="radio"/> No	\$20,000,000 general aggregate	<input type="radio"/> Yes <input type="radio"/> No
30 Day Cancellation Notice	<input type="radio"/> Yes <input type="radio"/> No		
	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>	

Vehicle Insurance Details

* Denotes Required Field

Policy Number*	Effective Date*	Expiration Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle Insurance Company*	Vehicle Insurance Agent*	
<input type="text"/>	<input type="text"/>	
Scheduled Vehicle*	Any Auto or All Owned Autos*	30 Day Cancellation Notice*
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Minimum \$350,000 Combined Single Limit / Each Occurrence*	Or	Minimum \$100,000 Bodily Injury / Per Person*
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
		Minimum \$300,000 Bodily Injury / Per Accident*
		<input type="radio"/> Yes <input type="radio"/> No
		Minimum \$50,000 Bodily Injury / Per Accident*
		<input type="radio"/> Yes <input type="radio"/> No

Close













Save

Tab 8 (Document Upload)

- Click on “Add Document”
- The following documents are required to be uploaded in PDF format only:
 1. “Certificate of Insurance”: - Must include General Liability and Vehicle Liability
 2. “Blank Trip / Run Report”
 3. “Color Photo of the vehicle logo” - One photo

[Home](#) / [Documents](#)

Service Name: ABC Ambulance **Service Code:** Unassigned **Service Type:** Ambulance/MoICU **Status:** Draft New

 Service Type
  Details
  Medical Director
  Contacts
  Service Area
  Satellites
  Vehicles
  Insurance
  Documents
  Confirmation
  Invoice
  Complete

Documents Save and Close

Documents + Add Document

No Documents Present

You must add at least one of each Document Type before moving on

Cancel
 Save and Previous
 Save and Continue

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Document Upload

- The maximum allowed file size is 10 MB
- The following file types are permitted: .pdf
- The following are not considered proof of insurance: Photo ID, Declarations Page

Document Type* **File***


No file chosen


Tab 9 (Confirmation Page)


- This page displays the information entered into the application.
- Please review for accuracy.
- Once reviewed, check the box at the bottom of the page indicating that you have reviewed the information provided for accuracy. Click on “Save and Continue”.


[Home](#) / Review and Confirm


Service Name: ABC Ambulance **Service Code:** Unassigned **Service Type:** Ambulance/MoICU **Status:** Draft New



Service Type



Details



Medical Director



Contacts



Service Area



Satellites



Vehicles


Insurance


Documents


Confirmation


Invoice


Complete

☐ As an authorized representative of the service named in this application, I do hereby attest that the information provided in this application is accurate and complete.

Cancel

◀ Save and Previous

Save and Continue ▶


Question regarding the EMS MTLS, please email: medicaltransportation@dps.ohio.gov Or call 800.233.0785 and ask for an EMS MTLS Coordinator
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Tab 10 (Invoice and Payment)


- A detailed invoice of charges will appear for your review prior to submitting payment.
- This page may be printed and used as an invoice for financial purposes.
 - You may click “save and close” at the top to exit the process but not lose any of your completed work.
- Click “Proceed to Payment” to access the payment website.


[Home](#) / Invoices


Service Name: ABC Ambulance **Service Code:** Unassigned **Service Type:** Ambulance/MoICU **Status:** Draft New


 Service Type


 Details


 Medical Director


 Contacts


 Service Area


 Satellites


 Vehicles

 Insurance

 Documents

 Confirmation

 Invoice

 Complete

Invoices Save and Close

Invoice Date: 1/9/2020 Invoice Number: 000043 Invoice Amount: \$300.00 Invoice Status: Open

Description:

Item	Quantity	Unit Price	Total
Ambulance (EMSO) License	1	\$100.00	\$100.00
Ambulance Permit Fees	1	\$100.00	\$100.00
Ambulance Inspection Fees	1	\$100.00	\$100.00
Total			\$300.00

Cancel

◀ Previous

Proceed to Payment ▶

Question regarding the EMS MTLS, please email: medicaltransportation@dps.ohio.gov Or call 800.233.0785 and ask for an EMS MTLS Coordinator
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Payment Options

1. Credit or Debit Card – Additional Transaction Fee Applies
2. Bank Account (e-check) – No Additional Fee

Once you have been directed to the payment website, follow the prompts and choose your method of payment.

Checkout

Shopping cart > Review and submit payment > Payment receipt

Shopping Cart

EMS

Ambulance (EMSO) License

\$ 100.00

Ambulance Permit Fees

\$ 100.00

Ambulance Inspection Fees

\$ 100.00

Subtotal





\$ 300.00

Payment

Select a payment method [Privacy policy](#)

☒ **Credit Card or Debit Card**

We accept the following cards.



Card number *

Expiration date *

Security code *

Name on card *

Email address *

Phone *

Billing address *

Street

City

Select a State


Postal Code

United States

* Indicates a required field

☐ **Bank Account (e-check)**

By clicking the "Review Payment" button, you agree to pay the credit/debit card service fee of \$5.85. [About the service fee.](#)

Secure Payment 

Review Payment

Cancel/Return to Home Page

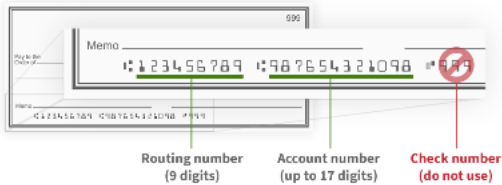
19

Payment Options (Continued)

☒ Bank Account (e-check)

Bank account payments can only be made from **regular U.S. checking or savings accounts** in U.S. dollars. Most checks issued from money market accounts, credit card companies, mutual funds, brokerage accounts, home equity or other lines of credit **cannot** be processed as a bank account payment. Please verify with your financial institution that there is no alternate routing number required for bank account payments.

Bank account payments returned by your bank for ANY REASON will void your payment. Additional fees may be charged as a result of returned payments.



SAMPLE CHECK ONLY - Your check layout may vary.

Routing number *	<input type="text"/>
Account number *	<input type="text"/>
Confirm account number *	<input type="text"/>
Account type	<input checked="" type="radio"/> Checking <input type="radio"/> Savings
Name on account *	<input type="text"/>
Email address *	<input type="text"/>
Phone *	<input type="text"/>
Billing address *	<div>Street <input type="text"/></div> <div>City <input type="text"/> Select a State <input type="text"/></div> <div>Postal Code <input type="text"/> United States <input type="text"/></div>
This account is	<input checked="" type="radio"/> Personal <input type="radio"/> Business

* Indicates a required field

Secure Payment

[Review Payment](#)

[Cancel/Return to Home Page](#)

Payment Options (Continued)

Verify Bank Account Information

Please verify the following information:

Account holder: test
123 test
test, OH 45612
US

Email address: test@test.com

Phone: 1234567890

Please also verify the following regarding your bank account:

- 999999992 is a routing number for electronic checks. (Your bank (**Customer Bank**) may use a different routing number for electronic checks.)
- Bank account **1234567890** is an account that supports electronic check transactions. (Some accounts, such as money market accounts, may not.)
- You do not have a debit filter or block on account **1234567890**.
- The bank account number **1234567890** does not include the paper check number. (Check the last few digits.)
- You have sufficient funds in bank account **1234567890** to make this payment.

If you are unsure whether you have entered the correct information, please contact your bank (**Customer Bank**). Any error in the information you provide will result in a failed payment and possibly additional fees.

☐ I confirm that I have verified the routing and account number entered.

[< Go Back](#) [Review Payment](#)

After you have completed entering your Credit Card / E-Check information, you will have one final confirmation page prior to submitting the payment.

Review and Pay

Shopping cart

Review and submit payment

Payment receipt

EMS

Ambulance (EMSO) License	\$ 100.00
Ambulance Permit Fees	\$ 100.00
Ambulance Inspection Fees	\$ 100.00
Subtotal	\$ 300.00

Payment Details

Checking Account
Checking ending in 7890

Total\$ 300.00

Edit Order

Submit Payment

You will then be given the opportunity to print the “receipt” from the payment website prior to returning to the MTLS website.


[Home](#) / Invoices


Service Name: ABC Ambulance


Service Code: Unassigned


Service Type: Ambulance/MoICU


Status: Draft New



Service Type



Details



Medical Director



Contacts



Service Area



Satellites



Vehicles


Insurance



Documents


Confirmation


Invoice


Complete

✓ Complete



Your Application has been successfully submitted!

Question regarding the EMS MTLS, please email: medicaltransportation@dps.ohio.gov Or call 800.233.0785 and ask for an EMS MTLS Coordinator
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