

Arizona Department of Health Services
Bureau of EMS and Trauma System (BEMSTS)

EMS & Trauma Portal

User Guide

April 2023

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Introduction

The Arizona Department of Health Services (ADHS) Bureau of EMS and Trauma System (BEMSTS) EMS & Trauma Portal is an online EMS license management system built by ImageTrend. The BEMSTS EMS & Trauma Portal provides licensing and certification services for Arizona emergency medical care technicians (EMCTs), ambulance providers, EMS training centers, trauma centers, and base hospitals. This guide is to assist you with navigating the BEMSTS EMS & Trauma Portal.

If you have questions on the EMS & Trauma Portal or navigating applications, please contact:

Program	Contact Information
EMCT Applications	Maria Dominguez, EMCT Certification Manager
Ambulance Applications	Brian Hubbell, CON & Rates Program Manager
Trauma Centers	Kimberly Boehm, Trauma Center Manager
Base Hospitals	Marissa Salgado, Base Hospital Manager
Training Programs	T.J. Mackay, EMS Training Programs Manager

Navigating the EMS & Trauma Portal Website

Logging In

To access the EMS & Trauma Portal login page, go directly to the site by clicking or typing in one of the web addresses below. You can also access the EMS & Trauma Portal by visiting the [Bureau of EMS and Trauma web page](#) and clicking “Login to EMS & Trauma Portal” in the column on the left.

Provider	Website
EMCTs, Ambulance Providers & Training Centers	ems.azdhs.gov/
Trauma Centers & Base Hospitals	emshospitals.azdhs.gov/

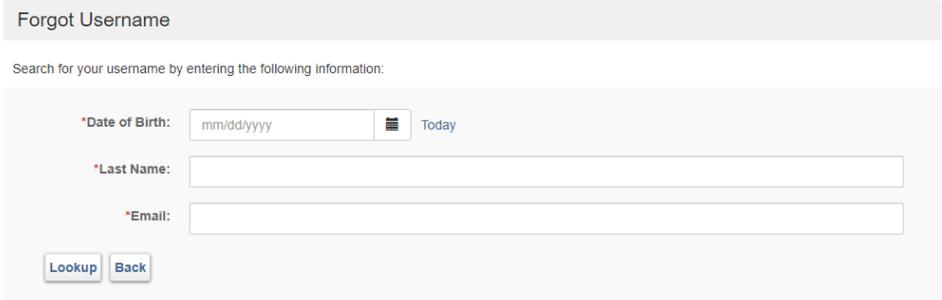
If you have an existing account in the EMS & Trauma Portal, enter your Username and Password to login. If you do not have an account, you can create one by clicking “Create an Account.” If you have an existing account but do not know your login information, or you had an account in the old EMS portal, you can claim your account in the EMS & Trauma Portal in order to access existing account and certification information.

BEMSTS EMS & Trauma Portal Login Page (EMCTs, Ambulance Providers, Training Centers)



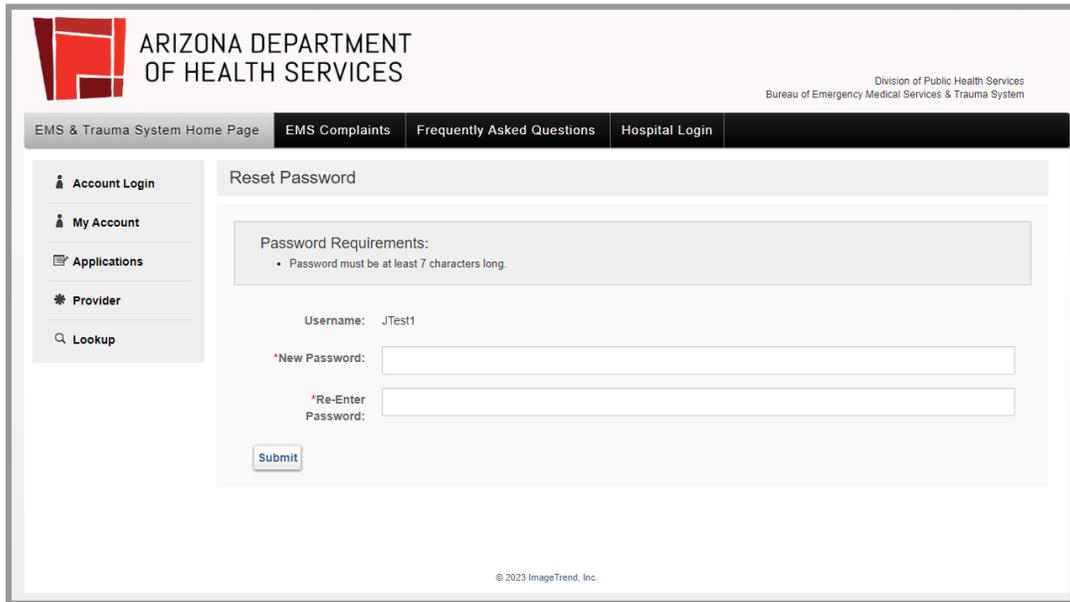
BEMSTS EMS & Trauma Portal Login Page (Trauma Centers and Base Hospitals)

Creating an Account	
Step	Action
1	Go to ems.azdhs.gov/ (EMCTs, Ambulance Providers, and Training Centers) or emshospitals.azdhs.gov/ (Trauma Centers and Base Hospitals).
2	Click "Create Account." <div style="border: 1px solid #ccc; padding: 10px; background-color: #f9f9f9;"> <p style="margin: 0;">Login</p> <p style="margin: 5px 0 0 20px;">Username <input style="width: 80%;" type="text"/></p> <p style="margin: 5px 0 0 20px;">Password <input style="width: 80%;" type="password"/> <input type="checkbox"/> Show Password</p> <p style="margin: 5px 0 0 20px; font-size: small;">Forgot Username or Forgot Password?</p> <p style="margin: 10px 0 0 20px;"> <input type="button" value="Login"/> <input type="button" value="Create Account"/> </p> </div>
3	Fill out the demographics, address, and contact information sections. Fields with an asterisk are required.
4	Click "Save" to complete this form. You will be redirected to the homepage and receive instructions to check your email to obtain your username.
5	Follow the instructions to reset your password.

Claiming an Existing Account	
Step	Action
1	Go to ems.azdhs.gov/ (EMCTs, Ambulance Providers, and Training Centers).
2	Click "Forgot Username."
3	<p>Enter your Date of Birth, Last Name, and Email. Click "Lookup."</p> 
4	You will receive an email from " noreply@azdhs.gov " that has your Username and a link to click to reset your Password. If the email does not come to your inbox, check your junk or spam folder. This email to reset your password is only valid for 48 hours so be sure to click the link before it expires, or you will need to repeat the process described above.
5	If a User Record is not found, please click "Create Account" and follow the steps to create a new account.

Resetting your Password	
Step	Action
1	Go to ems.azdhs.gov/ (EMCTs, Ambulance Providers, and Training Centers) or emshospitals.azdhs.gov/ (Trauma Centers and Base Hospitals).
2	Click "Forgot Password."
3	Enter your Username, Email, and Last Name.

4	Click "Reset Password" to complete this form. You will be redirected to the homepage and see a message that indicates that instructions to reset your password have been sent to the entered email address.
5	Follow the instructions to reset your password.

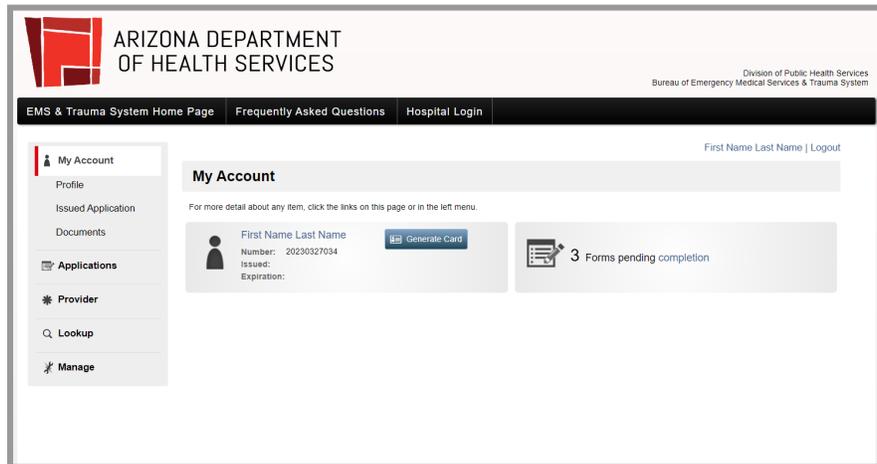


Resetting Your Password in the EMS & Trauma Portal

Navigating Your Account

Navigating Your Account - EMCTs, Ambulance Providers & Training Centers

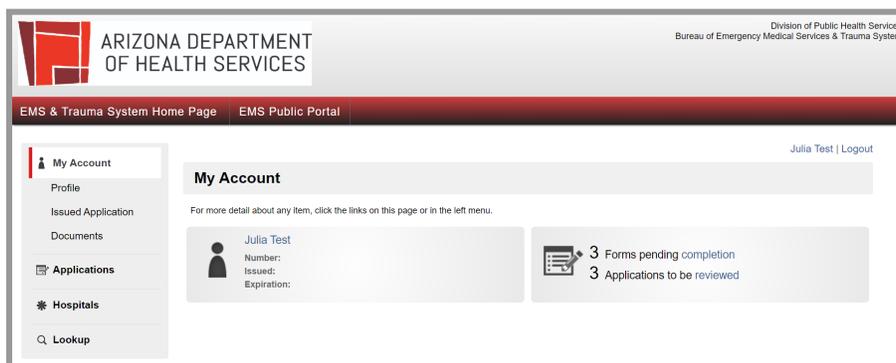
When you login to your EMS & Trauma Portal account, you will see a navigation bar at the top of the page with links to the [EMS & Trauma System Home Page](#), [EMS Complaints](#) page, Frequently Asked Questions, and the [Hospital Login](#) page, which takes you to the Arizona Trauma Center Designation and Base Hospital Certification Site.



EMCT Account Example

Navigating Your Account - Trauma Centers and Base Hospitals

When you login to your EMS & Trauma Portal account, you will see a navigation bar at the top of the page with links to the [EMS & Trauma System Home Page](#) and [EMS Public Portal](#), which takes you to the EMCT, Ambulance Provider, and Training Center EMS & Trauma Portal page.



Trauma Center & Base Hospital Account Example

On both EMS & Trauma Portal sites, you can access account information by navigating the toolbar on the left side of the page.

My Profile: The My Profile section contains Demographics, Contact Profiles, and Certifications. You may also change your email address or your phone number in this area.

The screenshot shows the 'My Profile' section of the user interface. On the left is a navigation menu with options: My Account, Profile, Issued Application, Documents, Applications, Provider, Lookup, and Manage. The main content area is titled 'My Profile' and includes a sub-section for 'Account Demographics'. The form contains fields for First Name, Middle Name, Last Name, Preferred Name, PIN (pre-filled with 8324DAC2), and Social Security Number. A 'Show and Edit SSN' checkbox is present next to the SSN field.

Issued Application: The Issued Application section allows you to generate an EMCT certification card and search for other applications you have submitted.

The screenshot shows the 'Issued Application' section. It includes a heading 'Issued Application' and a paragraph of instructions: 'You can use the date filters and search box to find specific applications that you have submitted. To generate a printable version of your certification card in a new window, click Generate Card.' A blue button labeled 'Generate Card' is located at the bottom right.

Documents: Documents allows you to see all documents you have uploaded, as well as documents that have been generated through other activity in the system. Use the date filters and search box to narrow down which documents are displayed.

The screenshot shows the 'Documents' section. It includes a heading 'Documents' and a paragraph of instructions: 'This page includes both documents that you have uploaded and documents that have been generated through other activity in the system, such as applications that you filled out online. Use the date filters and search box to narrow down which documents are displayed here. To view all documents again, click Clear.' A blue button labeled 'Upload a Document' is located at the top right. Below the instructions is a search filter for 'Uploaded:' with date pickers and a search box. At the bottom is a table of documents.

Name	License	Type	File	Uploaded
ID Card	Generate Certification Card for Active EMCT	License Certification Card	ID Card.pdf	03/29/2023
Course Registration	Trainee Account Application		Course Registration.pdf	03/28/2023

Applications: Applications will allow you to access new or in progress applications.

Provider: The Provider tab is only visible if you have a provider registered to your name. This is done by Bureau of EMS and Trauma System staff.

Hospital: The Hospital tab is only visible if you have a provider registered to your name. This is done by Bureau of EMS and Trauma System staff.

Lookup: The Lookup function can be used to find the public profile of other personnel or service.

Designating Roles

EMS Agency Roles

If you had an account in the old EMS Portal and were assigned the role of Coordinator or Fleet Manager, your role will migrate with your account into the EMS & Trauma Portal. For new accounts, Bureau of EMS and Trauma staff will designate individuals as Coordinators/Fleet Managers as needed. Once designated, Coordinators are able to add personnel to an agency's roster in the public portal. Agencies can have more than one Coordinator.

Hospital Roles

Base Hospital Manager, Trauma Program Manager, CEO or Designee, Trauma Medical Director are assigned by BEMSTS staff after an account has been created. Hospital accounts are created by BEMSTS staff.

Trainee Accounts

Current students can apply for a Trainee Account by following the instructions in the Training Centers section below. After this application is complete, BEMSTS staff will give permissions to access classes.

Emergency Medical Care Technicians (EMCTs)

[Submitting an Initial Application](#)

[Submitting a Renewal Application](#)

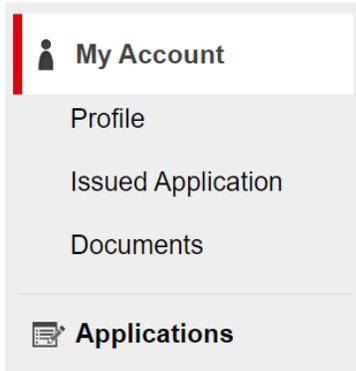
[Upgrade of Certification Level](#)

[Extension of Certification Renewal Period](#)

[Applicant Name Change](#)

[Downgrade of Certification Level](#)

EMCT Applications

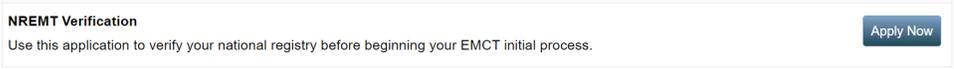


EMCT applications can be found by clicking “Applications” on the left toolbar when you are logged into your account.

Provider applications, such as ambulance registration and training center applications, are only visible for individuals who are recognized as Providers.

NREMT Verification

Prior to submitting an initial EMCT application, applicants must verify their national registry. To verify your national registry before beginning your EMCT initial application, use the NREMT Verification application.

NREMT Verification	
Step	Action
1	Click “Apply Now.” 
2	Review and confirm your First Name, Last Name, and Birth Date.
3	Identify which of the following you would like to use to verify your national registry: <input type="checkbox"/> NREMT Number <input type="checkbox"/> Social Security Number
4	Click “Submit.”

Submitting an Initial Application for Certification

The EMCT Initial Application is for obtaining Arizona certification. The EMCT Initial Application will display after NREMT Verification is submitted and verified.

Initial Application	
Step	Action
1	Click "Apply Now."
2	<p>Review the information provided. In order to quickly complete your application, have the following information available:</p> <ul style="list-style-type: none"> • Your National Certification number or NREMT registration number • Proof of your eligibility to work in the United States • If you have been convicted of a crime, you will be required to include a Sentence and Judgment of Conviction document issued by the court and signed by the judge • If you held any type of healthcare provided license or certification in another state or jurisdiction and it has been revoked within the last five (5) years of the date of this application, you will be required to upload that state or jurisdiction's final revocation document.
3	Identify AZ Certification Level Requested (EMT, AEMT, or Paramedic). Click "Save and Continue."
4	<p>Review and update "Applicant Information" as needed. Upload an optional profile image. Note: This photograph will be used on your EMCT certification card. It should be a recent color photograph of you alone (150x150 pixels in size). Please make sure to crop the photograph so that your head and shoulders are prominent. The photograph should be clear with a full front view of your face, a neutral facial expression (preferred) or a natural smile with both eyes open. BEMSTS evaluates all photographs to ensure they are appropriate for EMCT certification cards. The profile image is optional.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p style="font-size: small; margin: 0;">Profile Image</p> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;"> Upload File </div> <p style="font-size: x-small; margin: 0;">Name</p> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;"> Profile Image </div> </div>
5	Upload documentation showing proof of public benefits eligibility.

	Click "Save and Continue."
6	Enter details on your NREMT Registration including NREMT Level, License Number, and Expiration Date. Click "Save and Continue."
7	Enter information regarding your criminal history. Click "Save and Continue."
8	Enter information regarding your Conviction/Sentence status. Click "Save and Continue."
9	<p>Finish Application. Enter an electronic signature to confirm that the answers given in the Application are true and correct. Click "Submit."</p> <p style="text-align: center;">I confirm that the answers given in this Application are true and correct.</p> <p style="text-align: center;"><i>I, the undersigned, through my electronic signature, hereby declare, under penalty of perjury as defined in A.R.S. § 13-2702(A)(2) (A class 4 felony) that the answers I have provided in this Application are true and correct. I further affirm and agree that my electronic signature has the full force and effect of a signature affixed by hand to a paper document.</i></p> <p>*Electronic Signature</p> <div style="border: 1px solid #ccc; padding: 5px; background-color: #f0f0f0;"> <p>Username: <input style="width: 80%; border: none;" type="text"/></p> <p>Password: <input style="width: 80%; border: none;" type="password"/></p> </div>

Submitting a Recertification Application

This application is to renew your certification. Your recertification application must be submitted prior to your certification expiration date. You have until 11:59 PM on the day your certification expires to submit a timely application. If submitted past 11:59 PM, you will be required to pay a non-refundable extension fee in the amount of \$150.00. Please note, the extension fee will not be waived.

Recertification Application	
Step	Action
1	Click "Apply Now."
2	Review the information provided. In order to quickly complete your application, have the following information available: <ul style="list-style-type: none"> ● Your National Certification number or NREMT registration number ● Proof of your eligibility to work in the United States ● If you have been convicted of a crime, you may be required to include a Sentence and Judgment of Conviction document issued by the court and signed by the judge ● If you held any type of healthcare provided license or certification in another state or jurisdiction and it has been revoked within the last five (5) years of the date of this application, you will be required to upload that state or jurisdiction's final revocation document.
3	Identify AZ Certification Level Requested (EMT, AEMT, Paramedic, or Intermediate-99)
4	Update Applicant Information. Upload a profile image if desired. The profile image is optional.
5	Enter details on your NREMT Registration.
6	Enter information regarding your criminal history.
7	Enter information regarding your Conviction/Sentence status.
8	Finish Application. Enter an electronic signature to confirm that the answers given in the Application are true and correct. Click "Submit."

Upgrade of Certification Level

This application is to upgrade your certification level to Advanced-EMT or Paramedic. You are required to have a current and valid National Registry at the higher level you are applying for.

Upgrade of Certification Level	
Step	Action
1	Click "Apply Now."
2	<p>Review the information provided. In order to quickly complete your application, have the following information available:</p> <ul style="list-style-type: none"> • For a recertification application, the EMCT can submit with the application: <ul style="list-style-type: none"> ○ Current NREMT Registration ○ Course Completion Certificate ○ Continuing Medical Education Form • If you held any type of healthcare provided license or certification in another state or jurisdiction and it has been revoked within the last five (5) years of the date of this application, you will be required to upload that state or jurisdiction's final revocation document.
3	Identify AZ Certification Level Requested (AEMT or Paramedic)
4	Update Applicant Information.
5	Enter details on your NREMT Registration.
6	Enter information regarding your criminal history.
7	Enter information regarding your Conviction/Sentence status.
8	Finish Application. Enter an electronic signature to confirm that the answers given in the Application are true and correct. Click "Submit."

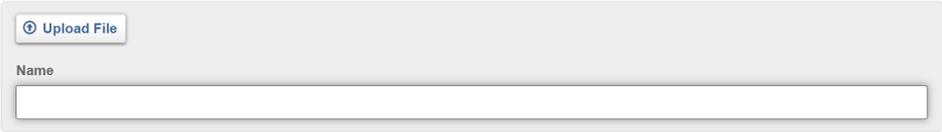
Extension of Certification Recertification Period

This 180-day application is for personal, family illness and military deployment only. For military deployment, a copy of the orders must be uploaded as part of the application process.

Extension of Certification Recertification Period	
Step	Action
1	Click "Apply Now."
2	Review the information provided. In order to quickly complete your application, have the following information available: <ul style="list-style-type: none"> • If you held any type of healthcare provided license or certification in another state or jurisdiction and it has been revoked within the last five (5) years of the date of this application, you will be required to upload that state or jurisdiction's final revocation document.
3	Identify AZ Certification Level Requested (EMT, AEMT, Paramedic or Intermediate-99.)
4	Update Applicant Information.
5	Choose a Reason for Extension Request. Options include: <ul style="list-style-type: none"> • Personal Illness • Family Illness • Military Service • Federal Emergency Response Deployment • State Emergency Response Deployment
6	Finish Application. Enter an electronic signature to confirm that the answers given in the Application are true and correct. Click "Submit."

Applicant Name Change

This application is to change your name. You can upload one of the following documents as legal proof of name change: 1. Court Document 2. Social Security Card 3. Arizona Driver's License 4. Marriage Certificate.

Applicant Name Change	
Step	Action
1	Click "Apply Now."
2	Review the information provided. Click "Save and Continue."
3	Review and update Applicant Information as needed. Click "Save and Continue."
4	<p>Enter Name Change Documentation and upload Documentation on Legal Name Change. Options include:</p> <ul style="list-style-type: none"> • Court Document • Social Security Card • Arizona Driver's License • Marriage Certificate <p><small>*Documentation on Legal Name Change</small></p>  <p>Click "Save and Continue."</p>
5	Finish Application. Enter an electronic signature to confirm that the answers given in the Application are true and correct. Click "Submit."

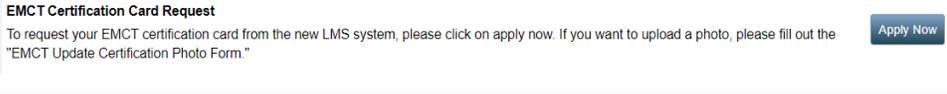
Downgrade of Certification Level

This application is to downgrade your certification level.

Downgrade of Certification Level	
Step	Action
1	Click "Apply Now."
2	<p>Review the information provided. In order to quickly complete your application, have the following information available:</p> <ul style="list-style-type: none"> • If you held any type of healthcare provided license or certification in another state or jurisdiction and it has been revoked within the last five (5) years of the date of this application, you will be required to upload that state or jurisdiction's final revocation document. <p>Click "Save and Continue."</p>
3	Identify AZ Certification Level Requested (EMT or AEMT).
4	Update Applicant Information.
5	Respond to the following question: Within five (5) years before the date of filing this application, have you had any type of Emergency Medical Care Technician certification, recertification, or licensure suspended or revoked in any other state or jurisdiction? If "Yes," complete the information required in the Regulatory Action Addendum(s) section and upload official documentation pertaining to the regulatory action taken against you and/or your Certificate.
6	Complete the Certification Downgrade Questionnaire.
7	Finish Application. Enter an electronic signature to confirm that the answers given in the Application are true and correct. Click "Submit."

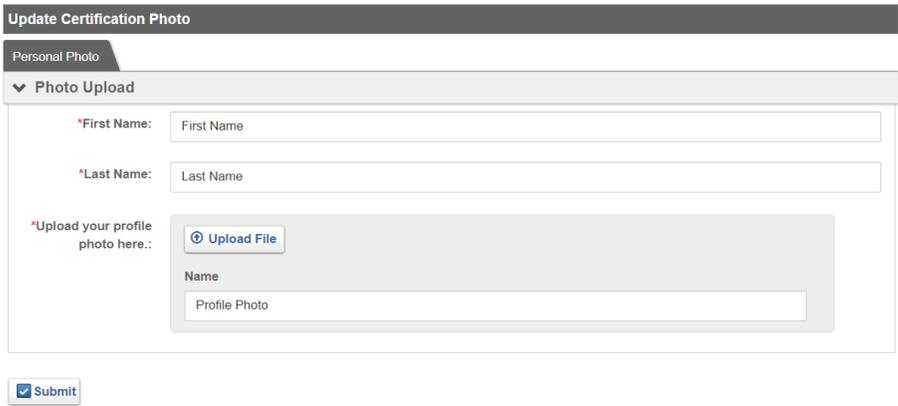
EMCT Certification Card Request

To request your EMCT certification card from the new EMS & Trauma Portal system.

EMCT Certification Card Request	
Step	Action
1	Click "Apply Now." 
2	You will receive an email Or check Documents

EMCT Update Certification Photo Form

Use this form to update/add the photo on your EMCT certification card.

Update Certification Photo	
Step	Action
1	Click "Apply Now."
2	Upload photo. 
3	Click "Submit."

Ambulance Providers

[Provider Recognition](#)

[Initial Ground Ambulance Registration](#)

[Renewal Ground Ambulance Registration](#)

[Initial Air Ambulance Registration](#)

[Renewal Air Ambulance Registration](#)

[Application for Automatic Rate Adjustment](#)

[Ground Ambulance Contract](#)

Provider Recognition

Complete this application to have your provider recognized and start your CON (Certificate of Necessity) or Licensing application.

Provider Recognition	
Step	Action
1	<p>Click "Apply Now."</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Provider Recognition Application Complete this application to have your provider recognized and start your CON (Certificate of Necessity) application</p> <p style="text-align: right;">Apply Now</p> </div>
2	<p>Enter Provider Details including the Name of Provider, Contact Email, Phone Number, and whether or not you will be the Provider Representative who will complete the CON application.</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>▼ Provider Details</p> <p>Name of Provider <input style="width: 100%;" type="text"/></p> <p>Primary Contact Email <input style="width: 100%;" type="text"/></p> <p>Primary Contact Phone Number <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/></p> <p><small>*Are you the Provider Representative who will be completing the CON application?</small></p> <p><input type="radio"/> Yes <input type="radio"/> No</p> </div>
3	<p>Statement of Purpose: Please provide a brief description of what this provider is wanting to obtain in the AZ licensure system.</p>
4	<p>Enter an electronic signature. Click "Submit."</p>

Initial Ground Ambulance Registration

This is an initial application for a vehicle not currently registered to your organization. This may be used for an expired, transferred or new vehicle.

Required Reference Information <i>Have This Information Available Before Beginning Your Initial and Renewal Ground Ambulance Applications</i>	
Identifying information of ground ambulance including: <ul style="list-style-type: none"> • Make of the vehicle • Year of Vehicle manufacture • Vehicle identification number (VIN) • Vehicle unit number 	
The Certificate of Necessity (CON) number to which the ambulance is being registered. (If the CON application is pending, type the word "Pending")	
Location in Arizona at which vehicle will be available for inspection	
Application and regulatory fees in the amount of \$250.00 are required for each vehicle registration. The Bureau accepts Visa, and MasterCard or Bank Check electronically. A check addressed the Arizona Department of Health Services may be mailed to: <div style="text-align: center; margin-top: 20px;"> Arizona Department of Health Services Bureau of EMS and Trauma System 150 North 18th Avenue, Suite 540 Phoenix, Arizona 85007-3248 </div>	

Ground Vehicle Registration	
Step	Action
1	Click "Apply Now."
2	Online Application Preparation: Review the information provided. Before proceeding, ensure you have access to necessary reference information (listed above). An application is not complete until all required information and fees have been submitted to the Arizona Department of Health Services.
3	Review Registration Information, including CON number, Legal

	Business or Corporate Name, and Contact Information.						
4	<p>Identify Application Type (Ground Ambulance - ALS or Ground Ambulance - BLS). Click "Save and Continue."</p> <p>*Application Type</p> <table border="1"> <thead> <tr> <th></th> <th>Initial</th> </tr> </thead> <tbody> <tr> <td>Ground Ambulance - ALS</td> <td><input type="radio"/></td> </tr> <tr> <td>Ground Ambulance - BLS</td> <td><input type="radio"/></td> </tr> </tbody> </table>		Initial	Ground Ambulance - ALS	<input type="radio"/>	Ground Ambulance - BLS	<input type="radio"/>
	Initial						
Ground Ambulance - ALS	<input type="radio"/>						
Ground Ambulance - BLS	<input type="radio"/>						
5	Vehicle Profile: Select Action to take and search for the Vehicle you are registering. If it is not found in the list, select the "+" icon next to the search bar to add your Vehicle information.						
6	Inspection Information: Enter information related to the inspection including contact details for the individual who will be on site to assist with the inspection, location of the vehicle, and Mission Level and Transport Type.						
7	Review the Fees Information and enter an electronic signature to confirm that the answers given in the Application are true and correct. Click "Submit."						

Renewal Ground Ambulance Registration

This is a renewal application for a vehicle currently registered with your organization, expiring within 90 days.

Renewal Ground Vehicle Registration	
Step	Action
1	Click "Apply Now."
2	Online Application Preparation: Review the information provided. Before proceeding, ensure you have access to necessary reference information (listed above). An application is not complete until all required information and fees have been submitted to the Arizona Department of Health Services.
3	Enter registration information and identify Application Type (Ground Ambulance - ALS or Ground Ambulance - BLS). Click "Save and Continue."
4	Vehicle Profile: Search for the Vehicle you are registering. If it is not found in the list, select the "+" icon next to the search bar to add your Vehicle information.
5	Inspection Information: Enter contact details for the person that is going to be available on site to assist with the inspection, vehicle location information, and Mission Level and Transport Type.
6	Finish Application. Review Fees Information and enter an electronic signature to confirm that the answers given in the Application are true and correct. Click "Submit."

Initial Air Ambulance Registration

This is an initial application for an aircraft not currently registered to your organization. This may be used for an expired, transferred or new aircraft.

Required Reference Information <i>Have This Information Available Before Beginning Your Initial and Renewal Air Ambulance Applications</i>
Information about the air ambulance for which registration is sought: <ul style="list-style-type: none">• Each mission level for which the air ambulance will be used: Basic life support, Advanced life support, or Critical care• Whether a fixed-wing or rotor-wing aircraft• Number of engines• Manufacturer name• Model name• Year manufactured• Serial number• Aircraft tail number• Aircraft colors, including fuselage, stripe, and lettering• A description of any insignia, monogram, or other distinguishing characteristics of the aircraft's appearance
A scanned copy of the following issued to the applicant, for the air ambulance, by the Federal Aviation Administration for upload during the application process. <ul style="list-style-type: none">• A current and valid Certificate of Registration• A current and valid Airworthiness Certificate
A scanned copy of a current and valid registration issued to the applicant, for the air ambulance, by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4; for upload during the application process.
The location in Arizona at which the air ambulance will be available for inspection and the name and telephone number of the individual to contact to arrange for inspection.
Application and regulatory fees in the amount of \$250.00 are required for each aircraft registration. The Bureau accepts Visa, and MasterCard or Bank Check electronically. A check addressed the Arizona Department of Health Services may be presented to the inspector or mailed to: <p style="text-align: center;">Arizona Department of Health Services Bureau of EMS and Trauma System</p>

150 North 18th Avenue, Suite 540
Phoenix, Arizona 85007-3248

Initial Aircraft Registration							
Step	Action						
1	Click "Apply Now."						
2	Online Application Preparation: Review the information provided. Before proceeding, ensure you have access to necessary reference information (listed above). An application is not complete until all required information and fees have been submitted to the Arizona Department of Health Services.						
3	<p>Review registration information and identify Application Type (Air Ambulance - Fixed Wing or Air Ambulance - Rotor). Click "Save and Continue."</p> <p><small>*Application Type</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Initial</th> </tr> </thead> <tbody> <tr> <td>Air Ambulance - Fix Wing</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Air Ambulance - Rotor</td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>		Initial	Air Ambulance - Fix Wing	<input type="radio"/>	Air Ambulance - Rotor	<input type="radio"/>
	Initial						
Air Ambulance - Fix Wing	<input type="radio"/>						
Air Ambulance - Rotor	<input type="radio"/>						
4	<p>Aircraft Profile: Select an action to take from the drop down list. Search for the Aircraft you are registering. If it is not found in the list, select the "+" icon next to the search bar to add your Aircraft information. Enter information for the Aircraft.</p> <p>Click "Save and Continue."</p>						
5	Upload ADOT Documentation and Expiration Date, FAA Certificate of Registration and Expiration Date, and FAA Airworthiness Certificate and Expiration Date. Click "Save and Continue."						
6	Identify Mission Transport Type (Emergency Medical Services, Interfacility, Interfacility Maternal, or Interfacility Neonatal) and Mission Level (Advanced Life Support (ALS), Basic Life Support (BLS), Critical Care, Neonatal, or Maternal). Click "Save and Continue."						
7	Enter Aircraft Inspection information, including Contact details and the address you are requesting the Inspection to occur. Click "Save						

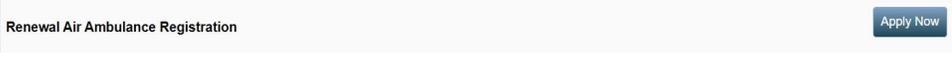
	and Continue.”
8	Finish Application. Review payment information and enter an electronic signature to attest that you know all applicable requirements in A.R.S. Title 36, Chapter 21.1; this Article, and Articles 2 and 7 of this Chapter. Click “Submit.”

Renewal Air Ambulance Registration

This is a renewal application for an aircraft currently registered with your organization, expiring within 90 days.

Required Reference Information <i>Have This Information Available Before Beginning Your Initial and Renewal Air Ambulance Applications</i>
Information about the air ambulance for which registration is sought: <ul style="list-style-type: none">• Each mission level for which the air ambulance will be used: Basic life support, Advanced life support, or Critical care• Whether a fixed-wing or rotor-wing aircraft• Number of engines• Manufacturer name• Model name• Year manufactured• Serial number• Aircraft tail number• Aircraft colors, including fuselage, stripe, and lettering• A description of any insignia, monogram, or other distinguishing characteristics of the aircraft's appearance
A scanned copy of the following issued to the applicant, for the air ambulance, by the Federal Aviation Administration for upload during the application process. <ul style="list-style-type: none">• A current and valid Certificate of Registration• A current and valid Airworthiness Certificate
A scanned copy of a current and valid registration issued to the applicant, for the air ambulance, by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4; for upload during the application process.
The location in Arizona at which the air ambulance will be available for inspection and the name and telephone number of the individual to contact to arrange for inspection.
Application and regulatory fees in the amount of \$250.00 are required for each aircraft registration. The Bureau accepts Visa, and MasterCard or Bank Check electronically. A check addressed the Arizona Department of Health Services may be presented to the inspector or mailed to: <p style="text-align: center;">Arizona Department of Health Services Bureau of EMS and Trauma System</p>

150 North 18th Avenue, Suite 540
Phoenix, Arizona 85007-3248

Renewal Aircraft Registration	
Step	Action
1	Click "Apply Now." 
2	Online Application Preparation: Review the information provided. Before proceeding, ensure you have access to necessary reference information (listed above). An application is not complete until all required information and fees have been submitted to the Arizona Department of Health Services.
3	Review registration information and identify Application Type (Air Ambulance - Fixed Wing or Air Ambulance - Rotor). Click "Save and Continue."
4	Aircraft Profile: Choose an action to take from the drop down list. Search for the Aircraft you are registering. If it is not found in the list, select the "+" icon next to the search bar to add your Aircraft information. Click "Save and Continue"
5	Upload ADOT Documentation, FAA Certificate of Registration, and FAA Airworthiness Certificate.
6	Identify Mission Transport Type (Emergency Medical Services, Interfacility, Interfacility Maternal, or Interfacility Neonatal) and Mission Level (Advanced Life Support (ALS), Basic Life Support (BLS), Critical Care, Neonatal, or Maternal). Click "Save and Continue."
7	Enter Aircraft Inspection information, including Contact details and the address you are requesting the Inspection to occur. Click "Save and Continue."
8	Finish Application. Enter an electronic signature to confirm that the answers given in the Application are true and correct. Click "Submit."

Application for Automatic Rate Adjustment

Application for Automatic Rate Adjustment	
Step	Action
1	<p>Click "Apply Now" for the Application for Automatic Rate Adjustment.</p> 
2	<p>Enter Applicant Information including the following: Any other business names identified on the CON Mailing Address (if different than legal address)</p>
3	<p>Click the "Save and Continue" button on the bottom of the page</p> 
4	<p>Review the Ground Ambulance Rates & Charges Document</p>
5	<p>Review and respond to the following:</p> <ul style="list-style-type: none"> • A statement that the applicant is making the request according to A.R.S. § 36-2234(A) • A statement that the applicant has not applied for an adjustment to its general public rates within the last six months
6	<p>Check all the rates that you would like the automatic to be applied to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Advanced Life Support (ALS) <input type="checkbox"/> Basic Life Support (BLS) <input type="checkbox"/> Mileage <input type="checkbox"/> Standby Waiting <input type="checkbox"/> Subscription Service
7	<p>Click "Submit."</p> 

Ground Ambulance Contract

Ground Ambulance Contract	
Step	Action
1	<p>Click "Apply Now" for the Application for Ground Ambulance Contract.</p> <div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #f2f2f2; padding: 2px;"> <p>Renewal Ground Ambulance Registration Application Apply Now</p> <p><small>This is a renewal application for a vehicle currently registered with your organization, expiring within 90 days.</small></p> </div> <div style="background-color: #fff9c4; padding: 2px;"> <p>Initial Air Ambulance Registration Application Apply Now</p> <p><small>This is an initial application for an aircraft not currently registered to your organization. This may be used for an expired, transferred or new aircraft.</small></p> </div> <div style="background-color: #f2f2f2; padding: 2px;"> <p>Renewal Air Ambulance Registration Application Apply Now</p> <p><small>This is a renewal application for an aircraft currently registered with your organization, expiring within 90 days.</small></p> </div> <div style="border: 2px solid red; padding: 2px;"> <p>Ground Ambulance Contract Apply Now</p> </div> </div>
2	<p>Identify the type of contract submitted for review.</p> <p> <input type="checkbox"/> Political Subdivision Contract <input type="checkbox"/> Ground Ambulance Service Contract </p> <div style="border: 1px solid #ccc; padding: 5px;"> <p style="background-color: #555; color: white; padding: 2px;">Ground Ambulance Contract A.A.C. R9-25-1104</p> <p style="background-color: #eee; padding: 2px;">A.A.C. R9-25-1104 Ground Ambulance Contract</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Type of contract submitted for review</p> <p> <input type="radio"/> Political Subdivision Contract <input type="radio"/> Ground Ambulance Service Contract </p> </div> </div>
3	<p>Check boxes to indicate that your contract submission is in accordance with Arizona Statutes and Rule.</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Contract Submission Requirements</p> <p><small>By checking the boxes below you are indicating that this contract submission is in accordance with Arizona Statutes and Rule.</small></p> <p>*A.A.C. R9-25-1104(A) <input type="checkbox"/> This contract includes a cover letter that indicates the total number of pages in the contract</p> <p>*A.A.C. R9-25-1104(A)(1) <input type="checkbox"/> This contract includes the certificate holder's legal name and any other name listed on the certificate of necessity</p> <p>*A.A.C. R9-25-1104(A)(2) <input type="checkbox"/> This contract lists the contract rate or range of rates approved by the Director according to R9-25-1101; R9-25-1102; or R9-25-1103</p> <p>*A.A.C. R9-25-1104(A)(3) <input type="checkbox"/> This contract complies with A.R.S. §§ 36-2201 through 36-2246 and 9 A.A.C. 25</p> <p>*A.A.C. R9-25-1104(A)(4) <input type="checkbox"/> This contract does not preclude use of the 9-1-1 system or a similarly designated emergency telephone number</p> <p style="text-align: right;"> <input type="button" value="Save"/> <input checked="" type="button" value="Submit"/> </p> </div>

4	<p>Upload contract document.</p> <p>Contract Submission</p> <p><input type="button" value="Upload File"/></p> <p>Name</p> <p><input type="text"/></p> <p>Document Type</p> <p>Political Subdivision Contract <input type="button" value="v"/></p>
5	<p>Click "Submit."</p> <p><input type="button" value="Submit"/></p>

Trauma Centers

[Application for Trauma Center Based on Verification](#)

[Application for Trauma Center Designation Based on Arizona State Standards Conducted
by The Arizona Department of Health](#)

[Application For Renewal Of A One Year Designation](#)

[Modification of Designation](#)

Accessing Trauma Center and Base Hospital Applications

To access Trauma Center and Base Hospital applications, create an account at emshospitals.azdhs.gov/. In order to access the applications, you must be affiliated with a hospital in the EMS & Trauma Portal. This is done by BEMSTS staff.

Submitting Applications

A hospital's CEO or Designee must sign all applications prior to submission to the Bureau of EMS and Trauma System. For the CEO or Designee to sign and submit applications, they must have an account in the EMS & Trauma Portal. If the individual completing the application is not able to find a matching account for the hospital's CEO or designee, save the application, create the account, and return to designate the individual.

For additional information on submitting trauma center applications, review Trauma Center Frequently Asked Questions.

Application for Trauma Center Based on Verification

This application is for Level I, Level I Pediatric, Level II, Level II Pediatric and Level III facilities that are applying for designation based on the verification issued by ACS. By choosing this application the Department will not be present at your verification visit and the decision of the ACS- COT will be final.

Application for Trauma Center Based on Verification	
Step	Action
1	Click "Apply Now."
2	<p>Review the information provided. Identify what your healthcare institution's eligibility is based on:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Holds verification at the level sought, issued within six months before the date of designation from a National Verification Organization (NVO). <input type="checkbox"/> Has documentation issued by the NVO within six months before the date of designation that the HCI meets state standards specified in R9-25-1308 and Table 13.1 for the designation level sought. <p>*Please note that if your HCI chooses the verification pathway to designation you are waiving the opportunity to be assessed by the Department.</p>
3	Review and update Healthcare Institution Information as needed.
4	Enter Owner Information and Owner's Statutory Agent Information.
5	Enter information on your Healthcare Institution's Chief Administrative Officer, Trauma Program Manager, and Trauma Program Medical Director.
6	<p>Designate which Certification Level the Healthcare Facility is applying for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Level I Trauma Center <input type="checkbox"/> Level II Trauma Center <input type="checkbox"/> Level III Trauma Center <input type="checkbox"/> Pediatric Level I Trauma Center <input type="checkbox"/> Pediatric Level II Trauma Center
7	Enter National Verification Organization (NVO) information.

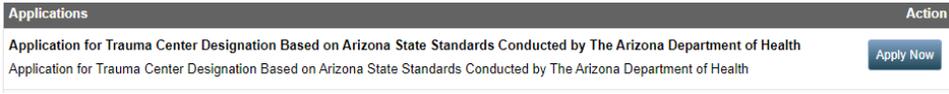
8	Enter information about your trauma registry and registry personnel.
9	Click "Submit." The application will go to your HCI's CEO or Designee to complete the attestation form and sign. Once the CEO signs the document, the application will be submitted to the Bureau of EMS and Trauma System for review.

Application for Trauma Center Designation Based on Arizona State Standards Conducted by The Arizona Department of Health

This application will be used for centers when applying for designation based on meeting the State Standards in Arizona Administrative Code R9-25-1308 and Table 13.1 for:

- A. An initial designation or,
- B. Renewal designation at the end of a full three (3) year designation or,
- C. Is verified by the American College of Surgeons (ACS) or seeking verification at a different level than your verification or,
- D. If you are Level I, Level I Pediatric, Level II or Level II Pediatric center and would like the Department to conduct the designation assessment in conjunction with ACS.

All level I and II trauma centers seeking designation based on the “State Standard” must invite Department staff to their ACS assessment at least 30 days prior to the visit. The trauma center must also ensure Department staff are present during all ACS discussions relative to the delivery of trauma center care.

Application for Trauma Center Designation Based on Arizona State Standards Conducted by The Arizona Department of Health	
Step	Action
1	Click “Apply Now.” 
2	Identify License Level Designation: <ul style="list-style-type: none"> <input type="checkbox"/> Level I Trauma Center <input type="checkbox"/> Level II Trauma Center <input type="checkbox"/> Level III Trauma Center <input type="checkbox"/> Level IV Trauma Center <input type="checkbox"/> Pediatric Level I Trauma Center <input type="checkbox"/> Pediatric Level II Trauma Center
3	Click “Submit.”
4	After clicking “Submit,” you will be taken to your Applications page. The application for your State Pathway will be visible under “Forms.” Click “Start.”

	<div style="background-color: #444; color: white; padding: 5px; margin-bottom: 10px;"> ▼ </div> <div style="background-color: #333; color: white; padding: 5px; margin-bottom: 10px;"> Application for Trauma Center Designation Based on Arizona State Standards Conducted by The Arizona Department of Health - (ImageTrend Test) </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <p>Status: In Process</p> <p>Number:</p> <p>Level(s): Level I Trauma Center</p> <p>Forms: 1 of 2 completed</p> </div> <div> <p>Initiated On: Mar 3, 2023</p> <p>Issue Date:</p> <p>Expiration Date:</p> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.7em;"> <thead> <tr style="background-color: #444; color: white;"> <th colspan="4">Forms</th> </tr> <tr style="background-color: #ccc;"> <th>Form</th> <th>Requested</th> <th>Completed</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Application Level</td> <td>Mar 3, 2023</td> <td>Mar 3, 2023</td> <td>View PDF</td> </tr> <tr> <td>Level I and Level II State Pathway</td> <td>Mar 3, 2023</td> <td></td> <td>Start</td> </tr> </tbody> </table>	Forms				Form	Requested	Completed	Action	Application Level	Mar 3, 2023	Mar 3, 2023	View PDF	Level I and Level II State Pathway	Mar 3, 2023		Start
Forms																	
Form	Requested	Completed	Action														
Application Level	Mar 3, 2023	Mar 3, 2023	View PDF														
Level I and Level II State Pathway	Mar 3, 2023		Start														
5	Review and update Health Care Institution Information as needed.																
6	Enter Owner Information and Owner’s Statutory Agent Information.																
7	Enter information on your Healthcare Institution’s Chief Administrative Officer, Trauma Program Manager, and Trauma Program Medical Director.																
8	Level I and II trauma center applicants will fill out National Verification Organization information (not required for Level III and IV).																
9	Complete information on Clinical Services.																
10	Enter information about your trauma registry and registry personnel.																
11	Provide information on your HCI’s Performance Improvement Process (PIP).																
12	Complete information on trauma team and activations.																
13	Complete physician certification documentation.																
14	Complete information on surgical services (not required for Level IV).																
15	Complete education and injury prevention information.																
16	Complete information on blood product availability.																
17	Provide information on communication with Emergency Medical Services (EMS).																
18	Click “Submit.” The application will go to your HCI’s CEO or Designee to complete the attestation form and sign. Once the CEO signs the document, the application will be submitted to the Bureau of EMS and Trauma System for review.																

Application For Renewal Of A One Year Designation

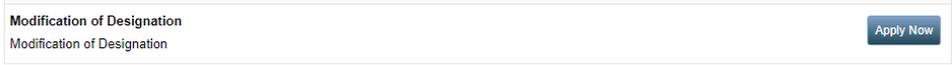
This abbreviated application will be used for those centers that are designated based on meeting the State Standards in R9-25-1308 and table 13.1 and are seeking to renew their designation after only being granted a one (1) year designation due to not being able to demonstrate complete compliance during their last inspection.

Application for Renewal of A One Year Designation	
Step	Action
1	<p>Click "Apply Now."</p> 
2	<p>Review the information provided. Identify which of the following one year designations you are applying for (Based on R9-25-1302) (R9-25-1303)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Level I, Level II trauma center designation for which the NVO does not issue verification at the level applied <input type="checkbox"/> Level I or Level II pediatric trauma center designation for which the NVO does not issue verification at the level applied. <input type="checkbox"/> Level III or Level IV trauma center designation based on meeting the applicable standards specified in R9-25-1308 and Table 13.1
3	Review and update Healthcare Institution Information as needed.
4	Enter Owner Information and Owner's Statutory Agent Information.
5	Enter information on your Healthcare Institution's Chief Administrative Officer, Trauma Program Manager, and Trauma Program Medical Director.
6	<p>Designate which Certification Level the Healthcare Facility is applying for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Level I Trauma Center <input type="checkbox"/> Level II Trauma Center <input type="checkbox"/> Level III Trauma Center <input type="checkbox"/> Level IV Trauma Center <input type="checkbox"/> Pediatric Level I Trauma Center <input type="checkbox"/> Pediatric Level II Trauma Center

7	Enter information about your trauma registry and registry personnel.
8	Upload Corrective Action Plan documents demonstrating completion of the plan.
9	Click "Submit." The application will go to your HCI's CEO or Designee to complete the attestation form and sign. Once the CEO signs the document, the application will be submitted to the Bureau of EMS and Trauma System for review.

Modification of Designation

This application is used if the owner of a trauma center needs to request a designation that requires fewer resources and capabilities than the trauma center’s current designation.

Modification of Designation	
Step	Action
1	Click “Apply Now.” 
2	Review the information provided. Pursuant to Arizona Administrative Code R9-25-1305 at least 30 calendar days before ceasing to provide a trauma service consistent with a trauma Center’s current designation, an owner of a trauma center may request designation that requires fewer resources and capabilities than the trauma center’s current designation.
3	Review and confirm Healthcare Institution Information.
4	Provide criteria for the current designation with which the owner no longer intends to comply.
5	Provide an explanation of the changes being made in the trauma center’s resources or operations, related to each criterion specified above to ensure the health and safety of a patient.
6	Enter the Level requested.
7	Click “Submit.” The application will go to your HCI’s CEO or Designee to complete the attestation form and sign. Once the CEO signs the document, the application will be submitted to the Bureau of EMS and Trauma System for review.

Base Hospitals

[ALS Base Hospital Certification](#)

ALS Base Hospital Certification

Required Reference Information <i>Have This Information Available Before Beginning Your Application</i>	
	Name, email address, and telephone number of the applicant's Chief Administrative Officer (CAO) and/or their designee.
	A copy of your general hospital license, Special hospital license, or evidence that you are a federal or tribal hospital.
	Name of and executed written agreement for each EMS provider or ambulance service you will provide administrative or online medical direction for.
	Name, address, email address, and phone number of your Administrative Medical Director.
	Name of each physician providing online medical direction.

ALS Base Hospital Certification	
Step	Action
1	Click "Apply Now."
2	Review the information provided. Click "Save and Continue."
3	Enter Healthcare Facility information including the name and position of the facility's Chief Administrative Office and name, phone number, and email address for your Administrative Medical Director and Base Hospital Manager. Click "Save and Continue."
4	Respond to the Base Hospital Attestations. Click "Save and Continue."
5	Upload a copy of the facility's current general hospital license, copies of written or proposed agreements to provide administrative or online medical direction, and the name and telephone number for any additional online Medical Direction Physicians.
6	Identify what type of facility you are applying for Base Hospital Certification as: <ul style="list-style-type: none"> <input type="checkbox"/> General Hospital licensed under 9 A.A.C 10 Article 2 <input type="checkbox"/> Special Hospital licensed under 9 A.A.C. 10 Article 2 that

	<p>provides surgical services and emergency services only to children</p> <p><input type="checkbox"/> Facility operating as a federal or tribal hospital</p>
7	<p>Enter an electronic signature and date as the Chief Administrative Officer or Designee. Click "Submit."</p>

Training Centers

[Training Center Application](#)

[Trainee Account Creation](#)

Training Center Application

Use this application to recognize your training center and have yourself designated as the coordinator.

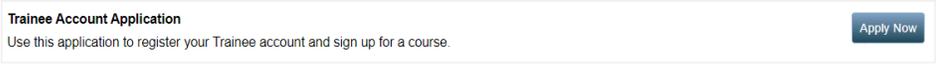
Training Program Application	
Step	Action
1	Click "Apply Now." <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p style="margin: 0;">Training Center Recognition</p> <p style="margin: 0; font-size: small;">Use this application to recognize your training center and have yourself designated as the coordinator.</p> <div style="text-align: right; margin: 0;"> Apply Now </div> </div>
2	Review the information provided. Click "Continue."
3	Review and update Applicant Demographics including name, address, and phone number.
4	Enter Training Center Information including the following: Name of Training Center Primary Contact Email Primary Contact Phone Number
5	Select which Course Types your Training Center is looking to facilitate: <ul style="list-style-type: none"> <input type="checkbox"/> EMT Course (defined in A.A.C R9-25-305(A)) <input type="checkbox"/> EMT Refresher (defined in A.A.C R9-25-305(C)) <input type="checkbox"/> EMT Challenge Exam (defined in A.A.C R9-25-305(D)) <input type="checkbox"/> Advanced EMT Course (defined in A.A.C R9-25-305(A)(4)) <input type="checkbox"/> Intermediate '99 to Paramedic Transition Course (defined in A.A.C R9-25-305(B)) <input type="checkbox"/> Paramedic Course (defined in A.A.C R9-25-305(A)(4)(c)) <input type="checkbox"/> ALS Refresher (defined in A.A.C R9-25-305(E)) <input type="checkbox"/> ALS Challenge Exam (defined in A.A.C R9-25-305(F)) <p style="margin-top: 10px;">Check the box to attest that the training center has the equipment and facilities that meet the requirements established according to Arizona Revised Statute ("A.R.S.") § 36-2204 and available through the Department at www.azdhs.gov for the courses specified above.</p>
6	Enter Training Program Personnel information including the name, telephone number, and email address for the Training Program Medical Director. Click "Save and Continue."

7	Enter Location(s) information. Click "Save and Continue."
8	Attest that the training program will comply with all requirements in A.R.S. Title 36 Chapter 21.1 and 9 A.A.C. 25 and that all information required as part of the application has been submitted and is true and accurate. Enter an electronic signature. Click "Submit."

For more information, visit the Bureau of EMS and Trauma System's [EMS Education webpage](#).

Trainee Account Application

Use this application to register your Trainee account and sign up for a course.

Training Account Application	
Step	Action
1	Click "Apply Now." 
2	Select a Course from the Course dropdown menu.
3	Click "Submit."

For more information, visit the Bureau of EMS and Trauma System's [EMS Education webpage](#).