APPLICATION INSTRUCTIONS FOR NAVAJO NATION DEPARTMENT OF HEALTH
NON-EMERGENCY MEDICAL TRANSPORT

1. Read entire application before you begin to answer the questions to acknowledge you understand what is being requested.
2. All questions must be answered.
3. Type or print your responses in BLUE INK.
4. Fees shall be paid by money order or cashier’s check and made payable to the "Navajo Nation Department of Health P.O. Box 1390 Window Rock, Arizona 86515."
5. Your application must be accompanied by all required attachments listed below.

To assist you in completing your application, please use the check list below.

_____ 1. Complete the Application;
_____ 2. Application fee of $2,000.00 (Indian Preference NEMT) or $6,000.00 (Non-Indian Preference NEMT). NON-REFUNDABLE;
_____ 3. Annual renewal license fee of $1,000.00 (Indian Preference NEMT) or $3,000 (Non-Indian Preference NEMT). NON-REFUNDABLE;
_____ 4. Application must be signed, dated, and notarized;
_____ 5. Navajo Nation Business License;
_____ 6. Certificate of Incorporation or proof of status of legal formation of NEMT Company;
_____ 7. Current Liability Insurance;
_____ 8. Copy of State Vehicle Registration for all NEMT vehicles;
_____ 9. Copy of State Medicaid certification including the provider ID number;
_____ 10. Copies of Driver’s Licenses for all NEMT drivers;
_____ 11. Copies of Driver’s records for each NEMT driver from each state Department of Motor Vehicles in which the NEMT provides services;
_____ 12. Copies of criminal background checks for all NEMT drivers
_____ 13. Copies of drug tests for all NEMT drivers;
14. Copies of State, Federal, and Navajo criminal background checks for all NEMT drivers;
15. Copies of Defensive Driving Course record for all NEMT drivers;
16. Fingerprint clearance card for all NEMT drivers from states in which the NEMT provides services;
17. State Department of Transportation physical exam report for NEMT drivers
18. Current vehicle inspections for all vehicles from all state-qualified inspector dated within three (3) months of application submittal;
19. Copy of NEMT’s vehicle maintenance program;
20. Photographs of all NEMT vehicles;
21. Copy of NEMT’s drug, alcohol, and sexual harassment policy;
22. Name and Telephone Number of Contact Person to receive complaints;
23. First Aid and CPR cards for each NEMT driver;
24. Copy of NEMT’s HIPAA policy ensuring client confidentiality;
25. Notarized release allowing the Department to verify insurance status and to inform NEMT clients of insurance company and contacts