

# AMI Medical Office database and Verification # Application

## Request:

**Medical Company Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Office Name:** \_\_\_\_\_

**MO Location:** \_\_\_\_\_ **MO Phone #:** \_\_\_\_\_

**MO Email:** \_\_\_\_\_ **MO Director:** \_\_\_\_\_

**MO Owner/Partners:** \_\_\_\_\_

**1)** Does the Applicant agree to hold too the AMI ethics, Code of Conduct and Medical Decree. AMI Ethic, Code of Conduct and decree: Plants and Trees are biological living organisms and must be treated as a recognized sentient being and all medical work performed, will be treated as a medical patient and as a recognized sentient entity, we vow to do no harm for profits. **Y – N** / MOD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2)** Is the Medical Office Registered with the following groups: **ISA:** Y – N / **ISA #:** \_\_\_\_\_

**Arborist Association:** Y – N / **AA #:** \_\_\_\_\_ **TCIA:** Y – N / **TCIA #:** \_\_\_\_\_

**3)** Does the Medical Office do weekly tool talks to the best of their ability. **Y – N** / If yes, can the MO provide 5 documented copies of completed tool talks from last 8 weeks from time of receiving the MIDV application. **Y – N** / IF yes, please include the copies when submitting the finished application.

**4)** Does the Medical Office do Job Safety Briefings before starting medical procedures. **Y – N** / If yes, can the Medical Office provide 5 completed jobs and copies from each Medical Crew the Medical Office operates. **Y – N**

**5)** Does the Medical Office do D.O.T. pre- and post-trip inspections and documentation on all vehicles and equipment they operate. **Y – N**

**6)** If approved as a Medical Office, do you agree to **A)** Add **Medical Office** to website. **B)** Use all new and updated Medical Terms and new Medical Trimming Standards set by the AMI.

**Y – N MOD signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If approved, you agree to be completely compliant with the AMI within 14 days of receiving your approval and MO Verification #. **Y – N / MOD Signature:** \_\_\_\_\_

**7)** Does the Medical Office have the required state and local business license and Insurance required to operate legally. **Y – N** / Can the Medical Office supply copies of all documents to the AMI Directory. **Y – N** / If yes, please submit copies when submitting the finished application.

**8)** Does the Medical Office have all medical personnel on payroll and carry all required insurance to protect the Medical Personnel and Customers to the best of their ability. **Y – N** / If yes, please provide copies when submitting application.

**9)** Does the Medical Office or Company offer any incentives or pay for any programs that will help their Medical Personnel progress and advance their career and are not a requirement for everyday Medical Procedures. **Y – N** / If yes, please list all items: Some examples of this are: **A)** Pays for the Employee to get their Arborist Degree from the Arborist Association. **B)** Company pays to get Medical Personnel their First Aid and CPR training. **C)** Company pays to get their employees OSHA 10 certified. \_\_\_\_\_

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**10)** All documents provided by Medical Offices and Companies are required to supply the AMI with a physical copy. **MOD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**11)** Upon being certified as part of the AMI, all Medical Offices and Companies are responsible for keeping all information up to date before the expiration date expires. Any company or office that let any documentation expire will be immediately removed from the recommended list if AMI notices before the MO/MC sends in renewed documentation and will upgrade immediately only if AMI receives all documentation 7 days before expiration date. If any expiration renewal is more than 7 days from expiration date on documents and AMI has not caught any expired documentation before receiving update documents, then the MO/MC will be immediately downgraded to the Uncertified Rating and will be subjected to the Emergency Certification Reinstatement Rule (ECRR) in the Rules and Regulations and all cost associated with it once the AMI discovers the expired documents.

**MOD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**12)** Upon completion of application and approval to become a Medical Office, all Medical Crews must have 4 completed Job Site Certifications between January 1<sup>st</sup> through December 31<sup>st</sup> by a AMI Independent Mobile Medical Assessment Certifier (IMMAC) to not be downgraded to Uncertified Rating and subject to the Emergency Certification Reinstatement Rule (ECRR) in the Rules and Regulations and all costs associated with it if the AMI and a AMI Medical Assessment Certifier (AMIMAC) is required to recertify the Medical Office.

**MOD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

