

Yolo County Emergency Medical Services Agency

AIR TRANSPORT AMBULANCE PROVIDER APPLICATION

CONTACT INFORMATION

Company Name:	Alias(es):	
Mailing Address:		
City:	State:	Zip:
Website:		
Business Hours Phone #:	Dispatch Phone #:	
24/7 Contact Name & Phone #:		
Agent for the Application Process:	Title:	
Office Phone #:	Cell Phone #:	
Email:		
Entity Type: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership		
<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		

ITEMS TO BE ENCLOSED WITH THIS APPLICATION

ORGANIZATIONAL

Accreditation certificate, if accredited

Photo of company logo and color scheme used to designate the aircraft

Portfolio of Experience and Training in Transportation and Care of Patients

OPERATIONAL

Provide a list of all personnel and their qualifications by category. List must include all who regularly serve as pilots and air-medical personnel.

List number of Fixed Wing and Rotor Wing in fleet for Yolo County Response and ID numbers

CLINICAL & TRAINING

Name of ePCR vendor that meets state/local requirements (Must show evidence of CEMSIS data submission ability)

Training and Orientation Program for EMS Personnel

Dispatch Training Program

Quality Management Program

FINANCIAL

Spreadsheet of Rates for: Transportation, Mileage, Supplies, and Procedures

Current Insurance Face Sheet for General Liability for Vehicle Operation (shall name Yolo County as co-insured)

Current Insurance Face Sheet for Comprehensive Medical Liability (shall name Yolo County as co-insured)

Current Insurance Face Sheet for Worker's Compensation (a valid Certificate to Self-Insure from State of California Director of Industrial Relations is acceptable)

Yolo County Emergency Medical Services Agency

AIR TRANSPORT AMBULANCE PROVIDER APPLICATION

Application Fee by Check or Money Order, Payable to Yolo County EMS (\$5,000.00)

ATTESTATION	INITIAL AFTER EACH STATEMENT
Company will comply with Yolo County Ordinance No.1515, Chapter 6 of Title 4 of the Yolo County Code	
Company will share data as requested with YEMSA and participate in CQI meetings, as needed	
Company will submit CEMSIS data as requested	
Company is in good standing with other counties in which it is currently permitted (if not supply documentation)	
Company does not have any pending criminal actions, civil actions, and/or EMS fact-finding investigations (if not supply documentation)	
Company owns or has access to suitable facilities for maintaining equipment in a clean and sanitary condition	
Company is willing to sign a contract for level of service provided, if needed or applicable	
Company will only bill for services at rates submitted to YEMSA	

I certify that the information provided in this application is true, accurate and complete. I affirmatively represent that I have the requisite legal authority and am authorized to complete and submit this application for the Ambulance Provider listed above and to bind the Ambulance Provider to the terms and conditions herein. I understand that all information provided is subject to an audit. This signature is an agreement that Ambulance Provider will comply with Yolo County Ordinance No.1515, Chapter 6 of Title 4 of the Yolo County Code in its entirety. Both the person executing this application on behalf of Ambulance Provider and Ambulance Provider understand that the Yolo County Emergency Medical Services Agency is relying on these representations in accepting this application.

Printed Name

Signature

Date

Submit all items electronically to YEMSA

YEMSA Policy and Protocols can be found at: www.yemsa.org