

Yolo County Emergency Medical Services Agency

INTERFACILITY 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 ambulance
Portfolio of Experience and Training in Transportation and Care of Patients

OPERATIONAL

California Highway Patrol (CHP) Special Vehicle Identification Certificate/Permit for each vehicle
Spreadsheet of each EMS employee with: First & Last Name, Certification/License #, and Expiration Dates
Proof of completion of an Emergency Vehicle Operation Course (EVOC) for all Emergency Vehicle Drivers
Work schedules for employees including: scheduled breaks, staffing levels, and shift hours
Spreadsheet of each ambulance including: service type, unit #, make/model, VIN, license plate, and year
Vehicle Maintenance Program
Vehicle Radio/Communication Capabilities

CLINICAL & TRAINING

Name of ePCR vendor that meets state/local requirements (Must show evidence of CEMISIS data submission ability)
Training and Orientation Program for EMS Personnel
Dispatch Training Program
Quality Management Program

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FINANCIAL

Business Licenses required by State Law and Regulations

Current Financial Statement stating Total Assets and Liabilities (revenue, expenditures, & balance sheet)

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)

Application Fee by Check or Money Order, Payable to Yolo County EMS (\$2,000.00)

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 CEMISIS 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 will abide by the regulations of the California Vehicle Code and the Code of Regulations, Title 13, Motor Vehicles

Company owns or has under their control ambulances in good mechanical condition, with the required equipment to consistently provide quality ambulance service

Company owns or has access to suitable facilities for maintaining equipment in a clean and sanitary condition

Company will comply with YEMSA's ambulance inventory requirements

Company ambulances are equipped with radios capable of communicating on multiple bands as requested by YEMSA

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

Company agrees to pay for a YEMSA Ambulance Inspection for each ambulance (CCT-\$600, ALS-\$500, BLS-\$400)

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, Protocols and Inventory lists can be found at: www.yemsa.org