



Yolo County Emergency Medical Services Agency
Service Provider

Revised Date: July 15, 2019

SERVICE PROVIDER APPLICATION FOR PARAMEDIC INTERFACILITY TRANSPORT (IFT) OPTIONAL SKILLS FORM

Please write clearly and answer all questions or your application may be rejected.

Service Provider:	Chief Operations Officer:
Contact Person:	Medical Director:
Mailing Address:	
City:	State: Zip:
Phone #:	Fax #:
Email:	Website:

Description <i>(Attach the following)</i>	YEMSA USE ONLY	
	Enclosed	Approved
1. Letter of Intent: signed by Chief Operations Officer to provide Paramedic monitoring of pre-existing blood transfusions, and/or pre-existing Magnesium Sulfate, Nitroglycerin (NTG), Heparin, Amiodarone Hydrochloride infusions, and/or Automatic Transport Ventilators (ATV's) during interfacility transports.	<input type="checkbox"/>	<input type="checkbox"/>
2. Call Volume of anticipated interfacility transports	<input type="checkbox"/>	<input type="checkbox"/>
3. Equipment Identification: Mechanical Infusion Pump and/or Automatic Transport Ventilator information.	<input type="checkbox"/>	<input type="checkbox"/>
4. Continuous Quality Improvement (CQI) Program	<input type="checkbox"/>	<input type="checkbox"/>
5. Program Instructor: Name and Curriculum Vitae (CV) or Resume	<input type="checkbox"/>	<input type="checkbox"/>
6. Training Program	<input type="checkbox"/>	<input type="checkbox"/>
7. Policies & Procedures	<input type="checkbox"/>	<input type="checkbox"/>
8. Personnel Information: # of proposed Paramedic personnel to be trained & authorized.	<input type="checkbox"/>	<input type="checkbox"/>
9. Vehicle Information: # of Advanced Life Support (ALS) Ambulances to be authorized.	<input type="checkbox"/>	<input type="checkbox"/>
10. Proposed Target Date for beginning service.	<input type="checkbox"/>	<input type="checkbox"/>

I certify that all information on this application and enclosed documents, to the best of my knowledge, are true and correct.

Signature Chief Operations Officer *Date*

Signature Medical Director *Date*

This application and **all** required items may be mailed or emailed.
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Letter Sent: