



# San Joaquin County

## Emergency Medical Services Agency



### Non-Emergency Ambulance Permit Application

Level of Service (Check all that apply):

- ☐ \*Basic Life Support (BLS) ☐ Advanced Life Support (ALS) ☐ Specialty Care Transport (SCT)
- ☐ Neonatal Transport

\*There are no area or facility restrictions to BLS non-emergency transfers in San Joaquin County for permitted providers.

Type of Application: ☐ Initial ☐ Renewal ☐ Other: \_\_\_\_\_

Company Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_

Type of Company (i.e. sole-proprietor, partnership, corporation, etc.): \_\_\_\_\_

Name of Owner, President or Managing Partner: \_\_\_\_\_

Name of Controlling Partners or Share Holders: \_\_\_\_\_

Name and Contact Information of San Joaquin  
Operations Manager or Authorized Representative: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_

Do you provide bariatric transport services? ☐ YES ☐ NO

If yes, please describe the equipment or transport vehicle capabilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you provide ISO POD patient containment devices or negative pressure ambulance  
compartment transportation services for highly infectious disease patients? ☐ YES ☐ NO

If yes, please describe the types of devices and/or services and where they are stationed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ambulance Station Location(s):**

Name and Location of Ambulance Stations and Hours of Operation for Each: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Criminal/Civil Background:****Yes    No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has the applicant, its officers and employees ever applied for any ambulance service permit in any county or state and been denied? If yes, thoroughly explain the action taken on a separate piece of paper including the name and address of the permitting authority involved.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the applicant, its officers, and employees ever been found in major breach of an ambulance contract or permit? If yes, thoroughly explain on a separate piece of paper including the name and address of the permitting authority involved.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the applicant, its officers and employees have any pending criminal actions, civil actions including financial actions, or EMS fact finding / disciplinary actions? If yes, thoroughly explain on a separate piece of paper including the name and address of the certifying authority involved.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Within the past ten (10) years, has the applicant, its officers and employees been placed in receivership, made a ward of any court, placed on probation, fined (excluding minor traffic violations), convicted, placed on a criminal diversion program or given a suspended sentence by any court or regulatory agency? If yes, thoroughly explain the conviction(s) on a separate piece of paper including the name of the county and state where the action took place. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the applicant, its officers and employees ever been convicted of a felony by any court or required to register as a sex offender by any county or state? If yes, thoroughly explain the conviction(s) on a separate piece of paper including the name of the county and state where the conviction took place.   |

Initials of person completing Criminal/Civil Background questions: \_\_\_\_\_

Instructions: Initial each section under all bolded headers below. Some sections will require supplemental documentation be submitted with the application.

**Permittee Response Area by Level of Service:**

\_\_\_\_\_ Applicant attests to and shall only be permitted to provide ALS and/or SCT non-emergency transfers under the following circumstances:

- Transfers originating in Emergency Ambulance Zone X from a general acute care hospital (Adventist Health Lodi Memorial, Dameron Hospital, San Joaquin General Hospital, St. Joseph's Medical Center, Sutter Tracy Community Hospital) to a skilled nursing facility or intermediate care facility (subacute) as directed by a transferring physician.
- Transfers originating in Emergency Ambulance Zone D from a general acute care facility (Kaiser Hospital Manteca and Doctors Hospital Manteca) to any other general acute care hospital, skilled nursing facility, or intermediate care facility (subacute).
- As part of a subcontracting agreement/MOU with the exclusive operating area provider.
- Any other transfer request must be approved by the SJCEMSA Duty Officer.

**Advanced Life Support (if applicable):**

- \_\_\_\_\_ Applicant attests to and shall only operate with paramedic personnel who hold a current and valid paramedic accreditation issued by San Joaquin County Emergency Medical Services Agency.
- \_\_\_\_\_ Applicant attests that all units used for non-emergency ambulance services in San Joaquin County are in accordance with EMS Policy No. 4101, EMS Response Vehicle Medication and Equipment ALS par level.
- \_\_\_\_\_ Applicant attests to maintaining a minimum staffing level of one emergency medical technician driver and one paramedic attendant accredited by San Joaquin County Emergency Medical Services Agency to manage patients during transport.
- \_\_\_\_\_ Applicant attests to adhering to San Joaquin County Ambulance Ordinance No. 4563, Section 4-7507 Advertising (1) No person or organization shall announce, advertise, offer, or in any way claim that it provides emergency ambulance service unless it possesses a current, valid, emergency ambulance service permit.

**Specialty Care Transport (if applicable):**

- \_\_\_\_\_ Applicant attests to and shall only operate with nursing personnel who hold a current and valid registered nurse license issued by California Board of Registered Nursing.
- \_\_\_\_\_ Applicant attests that all units used for non-emergency ambulance services in San Joaquin County are in accordance with EMS Policy No. 4101, EMS Response Vehicle Medication and Equipment ALS par level.
- \_\_\_\_\_ Applicant attests to maintaining a minimum staffing level of one emergency medical technician driver and one registered nurse attendant qualified by training and experience to manage patients during transport.
- \_\_\_\_\_ Applicant attests to adhering to San Joaquin County Ambulance Ordinance No. 4563, Section 4-7507 Advertising (1) No person or organization shall announce, advertise, offer, or in any way claim that it provides emergency ambulance service unless it possesses a current, valid, emergency ambulance service permit.

**Quality Improvement:**

- \_\_\_\_\_ Include with the application a written quality improvement (QI) Plan meeting the requirements of Section 100402, Title 22, California Code of Regulations (EMS System Quality Improvement), the California EMS System Quality Improvement Guidelines, and EMS Policy No. 6620, Continuous Quality Improvement Process.

**Financial Statement:**

- \_\_\_\_\_ Include with the application packet a financial statement for the previous fiscal year prepared by a certified public accountant (CPA).
- \_\_\_\_\_ Include with the application packet a rate structure detailing the applicant's patient charges.

**Equipment and Vehicles:**

- \_\_\_\_\_ Applicant attests to owning or having under control, in good mechanical condition, required equipment and vehicles to consistently provide quality ambulance service in San Joaquin County.
- \_\_\_\_\_ Applicant attests to owning or having access to suitable facilities for maintaining equipment and vehicles in a clean and sanitary condition.
- \_\_\_\_\_ Include with the application packet a written fleet maintenance program describing proposed maintenance practices, including locations of maintenance services and a description of the automated or manual maintenance program record keeping system capable of tracking both scheduled and unscheduled maintenance (by vehicle) and maintaining a complete list of equipment failures during patient transport.
- \_\_\_\_\_ Applicant agrees to immediately remove from service any ambulance or equipment with any deficiency that compromises, or may compromise, its safety or performance.
- \_\_\_\_\_ Include with the application packet a list of all ambulance unit ID's, make and model, and current mileage that will be used in San Joaquin County along with current and complete California Highway Patrol inspection forms.

**Insurance Requirements:**

- \_\_\_\_\_ Include with the application proof of general liability insurance, acceptable to the County, for the \$1,000,000 single limit bodily injury and property damage with a \$3,000,000 umbrella policy including coverage for a) bodily injury, b) personal injury, c) broad form property damage d) contractual liability, e) cross-liability. This insurance policy shall name the San Joaquin County additionally insured.
- \_\_\_\_\_ Include with the application proof of automobile liability insurance, acceptable to the County, for not less than \$1,000,000 and a \$3,000,000 umbrella policy. This insurance policy shall name the San Joaquin County additionally insured.
- \_\_\_\_\_ Include with the application proof of professional liability insurance, acceptable to the County, for the \$1,000,000 primary coverage with \$2,000,000 umbrella policy for combination coverage totaling \$3,000,000.
- \_\_\_\_\_ Include with the application proof of workers compensation insurance, acceptable to the County for not less than the statutorily required minimum coverage amounts.
- \_\_\_\_\_ All policies shall have a provision requiring insurers to notify the San Joaquin County EMS Agency within 30 days of cancellation, modification, or reduction in limits.

**Personnel Requirements:**

- \_\_\_\_\_ Include with the application a description of the initial employee training and orientation program for all attendants, drivers and dispatchers.

- \_\_\_\_\_ Include with the application a complete list of all pre-hospital and dispatch personnel and provide monthly updates to this list as needed.
- \_\_\_\_\_ Include with the application a curriculum vitae (CV) or resume of all applicable management personnel.

**Dispatch Service:**

- \_\_\_\_\_ Include with the application a description of the applicant's dispatch service including published telephone numbers for receiving requests for service.
- \_\_\_\_\_ Include a description of the Computer Aided Dispatch (CAD) system that provides a time stamp for each time interval for every request for ambulance services.

**Agreements:**

- \_\_\_\_\_ Include all contracts, agreements, and MOU's for health care facilities in San Joaquin County, such as Behavioral Health, Public Health, skilled nursing facilities, and hospitals.

**Electronic Patient Care Report (ePCR):**

- \_\_\_\_\_ Provide the name of National EMS Information System (NEMSIS) compliant and HL7 compatible ePCR platform to be used while providing non-emergency ambulance services in San Joaquin County.
- \_\_\_\_\_ Applicant attests to adhere to EMS Policy No. 6302, EMS Patient Care Record Access and Data Requirements and establish an interface connection to SJCEMSA data repository within 30 days of the approved permit.

**Authority for the County to Investigate and Verify Credentials and Qualifications:**

- \_\_\_\_\_ Applicant shall submit an executed Investigative Authorization form signed by an executive officer with the authority to represent the organization provided with this application for the applicant's organization, any subcontractor and all key personnel (e.g. president, operations manager, etc.) providing services under this application.

I hereby certify under penalty of perjury that all statements made in this application are true, correct and complete. I understand that the information on this application shall be used in determining the qualifications for an ambulance service permit and that information contained on this application may be used for conducting a background or subsequent investigation and may be released to other agencies and persons. I hereby request that the San Joaquin County Emergency Medical Service Agency process this application and authorize them to use this information in performing a background investigation or subsequent investigation.

Signature of Authorized

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_

**Permit Holder Agreement to Follow EMS Agency Policies and Procedures:**

By signing below, the permit holder agrees to meet all program requirements, regulations, procedures, policies, and protocols as have been, or may be, established by the San Joaquin County EMS Agency.

Signature of Authorized

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_

**FORM A - INVESTIGATIVE AUTHORIZATION - INDIVIDUAL**

The undersigned, being \_\_\_\_\_ (title) for \_\_\_\_\_

\_\_\_\_\_ (entity), which is an applicant to provide non-emergency ambulance service to the County of San Joaquin recognizes that public health and safety requires assurance of safe, reliable, and cost efficient ambulance service. That assurance will require an inquiry into matters which are determined relevant by the County of San Joaquin or its agents, such as, but not limited to, the character, reputation, competence of the entity's owners and key employees.

The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her personal work experience, educational qualifications, moral character, financial stability, and general background, and specifically agrees that the County of San Joaquin, or its agents, may undertake a personal investigation of the undersigned for the purpose stated. This authorization shall expire six (6) months from the signature date.

**AUTHORIZATION FOR SUCH PERSONAL INVESTIGATION IS HEREBY EXPRESSLY GIVEN:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual Name

## FORM B - INVESTIGATIVE AUTHORIZATION - ENTITY

The undersigned entity, an applicant to provide non-emergency ambulance service for the County of San Joaquin recognizes that public health and safety requires assurance of safe, reliable, and cost-efficient ambulance service. That assurance will require inquiry into aspects of entity's operations determined relevant by the County San Joaquin, or its agents. The entity specifically agrees that the County of San Joaquin or its agents may conduct an investigation for the purpose into, but not limited to the following matters:

1. The financial stability of the entity, including its owners and officers, any information regarding potential conflict of interests, past problems in dealing with other clients or cities where the entity has rendered service, or any other aspect of the entity operations or its structure, ownership, or key personnel which might reasonably be expected to influence the County of San Joaquin's issuance decision.
2. The entity's current business practices, including employee compensation and benefits arrangements, pricing practices, billings and collections practices, equipment replacement and maintenance practices, in-service training programs, means of competing with other companies, employee discipline practices, public relations efforts, current and potential obligations to other buyers, and general internal personnel relations.
3. The attitude of current and previous customers of the entity toward the entity's services and general business practices, including patients or families of patients served by the entity, physicians or other health care professionals knowledgeable of the entity's past work, as well as other units of local government with which the entity has dealt in the past.
4. Other businesses in which entity owners and/or other key personnel in the entity currently have a business interest.
5. The accuracy and truthfulness of any information submitted by the entity in connection with such evaluation.

This authorization shall expire six (6) months from the date of the signature.

AUTHORIZATION FOR SUCH INVESTIGATION IS HEREBY EXPRESSLY GIVEN BY THE ENTITY:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Entity Name

\_\_\_\_\_  
Authorized Representative (Signature)

\_\_\_\_\_  
Authorized Representative (Printed)

\_\_\_\_\_  
Title (Printed)