

SUBJECT: NON-EMERGENCY MEDICAL TRANSPORT WHEEL CHAIR/GURNEY VAN  
PROVIDER'S PERMIT APPLICATION PROCESS

Date: 07/01/03

- I. **Authority:** San Diego County Code of Regulatory Ordinances, Division 10, Chapter 3.
- II. **Purpose:** To establish the process by which agencies desiring to provide non-emergency medical transport wheel chair/gurney van services in San Diego County would obtain a Non-Emergency Medical Transport Service Provider's Permit.
- III. **Policy:** Any agency desiring to provide non-emergency medical transport service in San Diego County shall obtain a San Diego County Non-Emergency Medical Transport Provider's Permit.
- A. Agencies who presently operate non-emergency medical transport services which are currently permitted by the Metropolitan Transit Development Board (MTDB), North County Transit District (NCTD), or any other municipality and are in compliance with the requirements of these agencies will be issued a San Diego County Non-Emergency Medical Transport Provider's Permit without further investigation or fee upon submission of a copy of a current certificate of compliance.
- B. Social service agencies who contract with any organization or entity that is permitted by entities defined in Section III A. shall be issued a San Diego County Non-Emergency Transport Provider's Permit without further investigation or fee.

IV. **Procedure:**

**Application Process, Non-Exempted Agencies By Endorsement of the MTDB Permit**

- A. Submit a completed application which contains the following information:
1. Copy of completed and approved MTDB paratransit application.
  2. Copy of approved MTDB vehicle inspection reports and vehicle medallion numbers.
  3. Names and addresses of the applicant, registered owner(s), partner(s), officer(s), director(s) and all shareholders who control 10% or more of the stock of the applicant.
  4. Name under which the applicant has, does or proposes to engage in non-emergency medical transport service.
  5. A resume specifying the education, training and experience of the applicant in the business of providing transportation services.

Approved:



Administration



EMS Medical Director

SUBJECT: NON-EMERGENCY MEDICAL TRANSPORT WHEEL CHAIR/GURNEY VAN  
PROVIDER'S PERMIT APPLICATION PROCESS

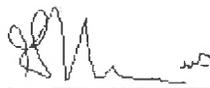
Date: 07/01/03

6. A description of each gurney van and/or wheelchair van including the make, model, year of manufacture, vehicle identification number, the current odometer reading of the vehicle and the color scheme, insignia, name, monogram or other distinguishing characteristics of the vehicle.
  7. A description of the company's program for maintenance of the vehicles.
  8. Proof of ability to staff each vehicle with person(s) possessing at least a current American Red Cross Standard First Aid Certification, or equivalent.
  9. A Certificate of Consent to Self Insure issue by the California State Director of Industrial Relations, or a Certificate of Worker's Compensation Insurance as required.
  10. Proof of liability insurance as required.
  11. A statement of the legal history of the applicant, registered owner(s), partner(s), officer(s), director(s) and controlling shareholder, including criminal convictions and civil judgments.
- B. Permit by direct application to the County.
1. Completed County non-emergency vehicle permit application.
  2. Applicant's name and business address.
  3. (Refer to Section A. #3 through 10 above.)
- C. Submit appropriate required fee to the Permit Officer at the time of application.
- D. Within thirty (30) days of receipt of an application, the Permit Officer will:
1. Make a determination regarding the issuance of the applied for permit.
  2. Once application is accepted, schedule inspection and permitting of all service units.

Approved:



Administration



EMS Medical Director