

SUBJECT: AMBULANCE PROVIDER'S PERMIT APPLICANT PROCESS

Date: 07/01/15

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- I. **Authority:** California Vehicle Code, Section 2512(c); Health and Safety Code, Division 2.5, Section 1797.204.
- II. **Purpose:** To establish the process by which agencies desiring to provide ambulance service in San Diego County would obtain an Ambulance Provider's Permit.
- III. **Procedure:**
- A. **Application Process, Privately Owned Companies:**
1. Submit a completed application, which contains the following information:
 - a. Applicant's name and business address.
 - b. The name(s) under which the applicant has engaged, does, or proposes to engage in ambulance service.
 - c. The names and addresses of the applicant, registered owner(s), partner(s), officer(s), director(s) and shareholders who hold or control 10% or more of the stock of the applicant.
 - d. A statement of fact and good faith (one from principal owner and one from designated physician medical director if CCT service is provided).
 - e. A copy of the designated physician medical director's State of California physician's/Surgeon's License (only from CCT Provider).
 - f. A statement of legal history, one each from the applicant, all registered owner(s), officer(s), director(s), and controlling shareholder(s), including criminal convictions and civil judgments.
 - g. An application for a criminal history report, one from the applicant, all registered owner(s), officer(s), and controlling shareholder(s).
 - h. A resume specifying the education, training, and experience of the applicant in the care and transportation of patients.
 - i. A description of the applicant's training and orientation programs for ambulance attendants, dispatchers, ambulance drivers, and maintenance staff.
 - j. Evidence of insurance coverage as required by sections 610.706, 610.707.
 - k. A list of the full names and California physician and surgeon license numbers of all other physicians employed by provider.
 - l. A list of the full names and California Registered Nurse license numbers including expiration dates of all registered nurses employed by the provider.

Approved:



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- m. A description of the locations from which ambulance services will be offered, noting the hours of operation.
 - n. A description of the applicant's program for maintenance of the vehicles.
 - o. A description of each ambulance including: the make, model, year of manufacture, mileage and vehicle identification number.
 - p. A list of the full names of all ambulance drivers and attendants which identifies each persons' EMT certification number or paramedic license number and issuing jurisdiction, CPR Certification, California Driver's License, and Ambulance Driver's Certificate, and expiration date of each.
 - q. For applicants that are privately owned ground ambulance companies, an affirmation that the applicant possesses and maintains currently valid California Highway Patrol Inspection Reports for each vehicle listed in the application, and a copy of the license issued by the Commissioner of the California Highway Patrol (in accordance with Section 2501 of the California Vehicle Code).
 - r. The applicant may be required to submit such other information, as the Permit Officer deems necessary for determination of compliance with the Division.
 - s. Proof of financial viability with ability to operate for a minimum of 6 months with profit-loss information provided and proof of current tax payment status.
2. Agency and inspection fees shall be submitted to the Permit Officer/EMS Chief at the time of application.
 3. Within thirty (30) days of receipt of an application, the Permit Officer/EMS Chief shall review all materials submitted and make a determination regarding the issuance of the applied for permit, pending required inspections.
- B. Application Process, Not for Profit/Volunteer
1. Submit a completed application as identified in Section A.1 above.
 2. Not for profit/volunteer agencies are exempted from the fee requirements identified in Section A.2 above.
- C. Application Process, Governmental Agencies
- Governmental agencies which operate an ambulance twenty-four (24) hours per day with full time paid employees are exempted from the application and fee requirements identified in this policy.
- D. Application Process, Renewal, Privately Owned Companies and Not for Profit/Volunteer

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1. Submit a completed application, which verifies the information identified in Section A.1 (a-n).
 2. Submit appropriate, required fees.
 3. Upon approval of the renewal application, the Permit Officer/EMS Chief shall schedule an inspection of all agency service units.

E. Denial/Revocation of Permit and Appeal Process

1. Any false or misleading statements made by the principals, in the application, reports or other documents filed with the Permit Officer/EMS Chief.
2. The applicant is not the legal owner or operator of the service.
3. The applicant was previously the holder of a permit that has been suspended.
4. The applicant acted in the capacity of a permitted person or firm under this Division without having a valid permit.
5. The applicant pled guilty, or was found guilty of a felony or crime involving moral turpitude.
6. The applicant violated any provisions of this ordinance.

Appeal Process

- a. The Permit Officer/EMS Chief shall notify the applicant in writing of the denial within 30 days of the receipt of the completed application.
- b. The denial shall be written and sent to the last known address of the applicant, or hand delivered to the applicant, and shall set forth the reasons for the denial or revocation.
- c. The applicant may request a hearing from the Permit Officer/EMS Chief by:
 - 1) The request will be in writing.
 - 2) The request must be filed with the Permit Officer/EMS Chief within ten (10) days of the hand delivery of the denial, or fifteen (15) days of mail delivery.
- d. The Permit Officer/EMS Chief must schedule the hearing no later than twenty (20) days after the receipt of the request from the agency.
- e. The decision of the Permit Officer/EMS Chief is final.

Approved:


Administration


EMS Medical Director