



Yolo County Emergency Medical Services Agency
Service Provider

Revised Date: September 1, 2018

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*

Applications and all required items may be mailed, emailed, or placed in the drop box at the address above. The drop box is located across from the stairs and is labeled YEMSA drop box and is the preferred method! 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: