



Yolo County Emergency Medical Services Agency
Service Provider

Revised Date: September 15, 2018

SERVICE PROVIDER APPLICATION FOR EMERGENCY MEDICAL TECHNICIAN (EMT) OPTIONAL SCOPE FORM

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

Agency Name: Website:

Phone: Fax:

Physical Address:

City: State: Zip:

Mailing Address:

City: State: Zip:

Contact Person: Title:

Phone: Fax: Contact Person Email:

Proposed Base Hospital:

EMT Optional Scope (check all that apply):

King Airway

Attach the following documents to application:

- Letter-of-Intent to provide EMT Optional Scope
Statement of Need
Continuous Quality Improvement (CQI) Program
Training Program
Geographical Boundaries
Letter from Base Hospital
Instructor Form
Service Provider's Medical Records Policy

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

Signature Date

Print Name and Title of above signature

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.

Table with 4 columns: Received, Reviewed by, Approved by, Updated. Header: YEMSA USE ONLY