



Yolo County Emergency Medical Services Agency

Interfacility Transport (IFT) Ambulance Provider Application **Checklist**

Online Application Instructions:

- All required documents must be submitted electronically at the time of application submission.
- Before submission, name all files exactly as listed below. Compress (zip) the files into a single folder before attaching it to the form. Total file size must not exceed 250MB.
- If you leave the site at any time prior to submission, it will not save your information.
- You will receive a submission confirmation from Smartsheet, not YEMSA.

The documents below are required electronically and will need to be ready for upload in one file folder.

Required File Names:	ORGANIZATIONAL
<input type="checkbox"/> 1.1 Accreditation	Accreditation certificate, if accredited (Optional)
<input type="checkbox"/> 1.2 Photo	Photo of company logo and color scheme used on ambulances
<input type="checkbox"/> 1.3 Experience	Portfolio of Experience and Training in Transportation and Care of Patients
	OPERATIONAL
<input type="checkbox"/> 2.1 Emp. Certs	Spreadsheet (required in CSV, XLS, or XLSX format) List each EMS employee: Full Name, Certification/License #, and Expiration Dates
<input type="checkbox"/> 2.2 Emp. Schedules	Work schedules for employees, including scheduled breaks, staffing levels, and shift hours
<input type="checkbox"/> 2.3 EVOC Proof	Proof of completion of an Emergency Vehicle Operation Course (EVOC) for all Emergency Vehicle Drivers
<input type="checkbox"/> 2.4 Vehicle List	Spreadsheet (required in CSV, XLS, or XLSX format) List each ambulance: including service type, unit #, make/model, year, VIN, and license plate
<input type="checkbox"/> 2.5 CHP Docs	California Highway Patrol (CHP) Special Vehicle Identification Certificate/Permit per vehicle
<input type="checkbox"/> 2.6 Vehicle Maint	Vehicle Maintenance Program
<input type="checkbox"/> 2.7 Vehicle Radios	Vehicle Radio/Communication Capabilities
	CLINICAL & TRAINING
<input type="checkbox"/> 3.1 ePCR	Name of ePCR vendor that meets state/local requirements (Must show evidence of CEMIS data submission ability)
<input type="checkbox"/> 3.2 Training Pgm	Training and Orientation Program for EMS Personnel
<input type="checkbox"/> 3.3 Dispatch Pgm	Dispatch Training Program
<input type="checkbox"/> 3.4 Quality Pgm	Quality Management Program
	FINANCIAL
<input type="checkbox"/> 4.1 Bus License	Business Licenses required by State Law and Regulations
<input type="checkbox"/> 4.2 Financials	Current Financial Statement stating Total Assets and Liabilities (revenue, expenditures, & balance sheet)
<input type="checkbox"/> 4.3 Rates	Rates for Transportation, Mileage, Supplies, and Procedures – BLS Non-Emergency Rate Only
<input type="checkbox"/> 4.4 Insurance	Certificate of Insurance (COI), including: General Liability for Vehicle Operation, Comprehensive Medical Liability , and Worker's Compensation <ul style="list-style-type: none"> • County shall be named as co-insured for General and Comprehensive Medical Liability • Valid certificate to self-insure from the State of California Director of Industrial Relations is acceptable for Worker's Compensation
	OTHER (if needed)
<input type="checkbox"/> 5.1 Standing	Documentation, if not in good standing with other counties in which you are currently permitted
<input type="checkbox"/> 5.2 Pending Actions	Documentation of any pending criminal actions, civil actions, and/or EMS investigations

Questions about this process, please email YEMSA at karisa.huie@yolocounty.gov