

Solano County Health & Social Services Department



Gerald Huber, Director

Bryn Mumma, MD, MAS
EMS Agency Medical Director

EMERGENCY SERVICES BUREAU
355 Tuolumne Street, MS 20-240
Suite 2400, Vallejo, CA 94590
(707) 784-8155
www.solanocounty.com

Ted Selby
EMS Agency Administrator

POLICY MEMORANDUM 3000

DATE: December 1, 2016

REVIEWED/APPROVED BY:

Handwritten signature of Bryn Mumma in black ink.

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR

Handwritten signature of Ted Selby in blue ink.

TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: Emergency Medical Services (EMS) FEES

AUTHORITY:

CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, 1797.212; CHAPTER 4, ARTICLE 1

PURPOSE/POLICY:

To establish basic Emergency Medical Services (EMS) fees. EMS fees are due upon submission of application for service, accreditation, or certification.

EMS FEES:

- Fees shall accompany applications for certification, recertification, accreditation, authorization, and reauthorization and may be paid by check or money order.
 - Current fees are provided in Attachment A.
 - An exemption from Emergency Medical Technician (EMT) fees can be requested by those volunteers or public safety personnel who are not required to have an EMT certification or a Paramedic license. The form requesting a fee exemption is attached (Attachment B).
- Local Fees are payable to "SOLANO COUNTY EMS." **Cash will not be accepted.**
- California State EMSA EMT Fees are payable to "EMSA." These fees are collected for the EMS Authority and submitted monthly. Payment must be either check or money order. **Cash will not be accepted.**

SOLANO COUNTY EMERGENCY MEDICAL SERVICE
TABLE OF FEES:

PERSONNEL FEES

Description	Amount
Solano County EMT Initial Certification, Recertification, and Registration (payable to Solano County EMS)	\$50.00
Solano County EMT Late Fee – Recertification/Reregistration (assessed if recertifying during month of card expiration or later)	\$25.00
California State EMSA Initial EMT Certification Fee (payable to EMSA)	\$75.00
California State EMSA EMT Recertification Fee (payable to EMSA)	\$37.00
Initial Paramedic Accreditation or Initial MICN Authorization OR Expired Reinstatement Fee	\$75.00
Paramedic Reaccreditation or MICN Reauthorization Late Fee	\$50.00
Replacement Card Fee	\$15.00

SYSTEM FEES

Description	Amount
Non-Emergency Ambulance Transport application/renewal Fee	\$1,500.00
Non-Emergency CCT Provider Permit (Biennial) (eff. April 12, 2013)	\$7,500.00
Ambulance Inspection Fee (BLS) (Annual, per vehicle)	\$100.00
Ambulance Inspection Fee (CCT) (Annual, per vehicle)	\$200.00
Air Ambulance Permit/Renewal Fee	\$3,500.00
STEMI Center (In-County) Application Fee/Designation Fee	\$10,000.00
STEMI Center (Out-of-County) Designation Fee (Annual)	\$4,000.00
TRAUMA Center Application Fee - Level III	\$25,000.00
TRAUMA Center Application Fee - Level II	\$30,000.00
TRAUMA Center Designation Fee (In-County) (Annual) Level III	\$50,000.00
TRAUMA Center Designation Fee (Out-of-County) (Annual) Level II	\$75,000.00
TRAUMA Center Designation Fee (In-County) (Annual) Level II	\$150,000.00
Continuing Education (CE) Provider (Biennial)	\$500.00
Emergency Department Approved for Pediatrics (EDAP) Designation Fee (Annual)	\$5,000.00
EMT Training Program Application Fee	\$3,000.00
EMT Training Program Annual Accreditation Fee	\$1,500.00
Base Hospital Designation Fee (Annual)	\$5,000.00

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EXEMPTION FROM EMERGENCY MEDICAL TECHNICIAN (EMT-1) CERTIFICATION FEES

On October 13, 1981 the Solano County Board of Supervisors approved a resolution to exempt volunteer or public safety personnel who are not required to have an EMT-1 or Paramedic Certificate from paying EMT-1 certification fees.

I, _____ request an exemption from the Solano County EMT-1 Certification fee.

- I certify that I am currently an active member of the _____
(A Solano County Fire Department or Public Safety Agency).
- I certify that I am not currently employed by a private or public organization which requires that I must have an EMT Certificate as a condition of employment.
- I certify that all information on this request for exemption is true and correct to the best of my knowledge.

Signature of Applicant

Date

VERIFICATION OF AFFILIATION WITH A SOLANO COUNTY PUBLIC SAFETY AGENCY

I certify that the individual identified above is: *(Check all that apply)*

- An active member of a Solano County Fire Department providing First Responder EMS Service.
- An employee of a Solano County Public Safety Agency not required to have an EMT Certificate as a condition of employment.

Signed by: _____ Date _____

Title: _____