



Ambulance Service License Application

PLEASE PRINT.

Section I

New Application: Renewal Application: Date:

Emergent (includes Non-emergent and Standby)

Non-emergent (includes standby)

Company Name

Owner's Name

Owner's Address Street City State Zip Code

Owner's Telephone number Owner's Fax number

Owner's E-Mail Address

List any lien holders:

Doing Business as (AKA)

Business Address Street City State Zip Code

Business Telephone number Business Fax number

Business E-Mail Address

Person submitting this application

Applicant's Address Street City State Zip Code

Applicant's Telephone number Applicant's Fax number

Applicant's E-Mail Address

Manager or individual responsible for operations

Address Street City State Zip Code

Telephone number Fax number

E-Mail Address

EMS Certification of the Operations Manager: EMT-P EMT-I EMT-B

Section II

Please indicate the Ambulance Service Area you propose to serve:

Central Orchard Mesa _____ City of Grand Junction _____ Clifton _____ Debeque _____
(*Requires City of GJ approval)

Gateway-UnawEEP _____ Lands End _____ Lower Valley _____ Palisade _____

Plateau Valley _____ All of the Above _____

* A separate recommendation letter, having the signature of a Grand Junction city official, stating that the City of Grand Junction has approved your operations in their city is required.

Location(s) and description(s) of the places from which the applicant intends to operate the ambulance service (base(s) of operations):

1. Address _____
Street City

Description _____

2. Address _____
Street City

Description _____

3. Address _____
Street City

Description _____

4. Address _____
Street City

Description _____

5. Address _____
Street City

Description _____

6. Address _____
Street City

Description _____

*** Add pages if necessary to provide for additional locations and descriptions of the ambulance service base(s) of operations.**

Section III

MESA COUNTY EMS PROVIDER RELATIONSHIP TO THE EMS MEDICAL DIRECTOR

The Mesa County EMS System Medical Director (EMSMD) agrees to provide official oversight and allow EMS Providers in the Mesa County EMS System to work under the Medical Director's license so long as the EMS Provider is aware of and adheres to the following conditions:

1. The EMS Provider must be officially a member of and working for one of the following approved agencies within the Mesa County EMS System: Grand Junction Fire Department; Lower Valley Fire Protection District; Clifton Fire Protection District; Palisade Fire Department; DeBeque Fire Department; Plateau Valley Fire Protection District; Central Orchard Mesa Fire Protection District; Lands End Fire Protection District; Gateway-UnawEEP Fire Protection District; East Orchard Mesa Fire Protection District; Glade Park Volunteer Fire Department, Inc.; St. Mary's Hospital Careflight.
2. EMS Providers must be currently participating in or have successfully completed the Mesa County Probationary Provider process. No exceptions. Participation shall commence with EMS providers meeting with Agency QA director and entering program.
3. The EMS Provider understands that any performance of EMS activities outside of official duties for the above named agencies is **EXPRESSLY NOT COVERED** under this agreement without prior notice and written permission from the Mesa County EMS Medical Director. E-mail will count as written permission.
4. The EMSMD extends their medical license to cover procedures, protocols and standing orders contained within the Mesa County EMS System Operating Protocols. Current copies will be made available to each agency and are also available at the EMS Coordinator's office and on the Mesa County EMS Website. All portions of this manual are to be followed as intended. The goal of the Mesa County EMS System is to provide kind, compassionate, and competent care to the citizens we serve in a manner with which we would like our own family to be treated. In most instances, adherence to this basic principle will ensure that emergency care is delivered in a manner consistent with the Mesa County EMS System Operating Protocols and the EMSMD's wishes. Be aware that these protocols are a constantly evolving instrument and it is the EMS Provider's responsibility to stay up to date with any changes made. All reasonable attempts will be made to notify EMS Provider of any changes. Failure to comply may make the EMS Provider subject to loss of EMSMD supervision, as well as civil and/or criminal prosecution.
5. **NO EMS PROVIDER WILL BE ALLOWED TO CARE FOR PATIENTS WITH AN EXPIRED STATE CERTIFICATION.** It is the Provider's ultimate responsibility to keep track of the various required certifications and system continuing medical education (CME) requirements, and to report expiration dates and compliance to their agency supervisors. Non-compliance with system advanced procedure CME requirements will require Paramedics and Intermediates to respond as EMT-Basics until CME requirements are fulfilled.
6. Providers must abide by the policies of their employing agency concerning planned maintenance/inspection of vehicles, equipment, medicines and supplies.
7. The most qualified EMS Provider, or first on scene if equally qualified, shall assume control of and responsibility for patient care. The most qualified responsible EMS Provider may delegate their authority to another provider, but this does not release him/her from ultimate responsibility for that patient.
8. Colorado Department Board of Health and Environment Rules 6-CCR-1015-3, Chapter 2, Section 4.2.10 states that a Medical Director must notify the Colorado Department of Public Health and Environment (CDPHE) EMS Division within 14 days of the termination of supervision (of a Provider) that may constitute good cause for disciplinary sanctions.

CDPHE Rules 6-CCR-1015-3, Chapter 1, Section 6.2 lists “good cause” as including but not limited to:

1. Driving an emergency vehicle in a reckless manner, or while under the influence of alcohol or other performance altering drugs.
 2. Failing to follow accepted standards of care in the management of a patient, or in response to a medical emergency.
 3. Failing to administer medications or treatment in a responsible manner in accordance with the Medical Director’s orders or protocols.
 4. Failing to maintain the confidentiality of patient information.
 5. Performing medical acts not authorized by the Colorado Department of Health as defined in Chapter 2 Rules.
 6. Unprofessional conduct at the scene of an emergency which hinders, delays, eliminates, or deters the provisions of medical care to the patient or endangers the safety of the public.
 7. Falsifying entries or failing to make essential entries in a patient’s run report or medical record.
 8. Failure by a certificate holder to report to the Department any violation by another certificate holder of the good cause provisions of this section when the certificate holder knows or reasonably believes a violation has occurred.
9. The EMSMD has the option to limit or terminate supervision of personnel within the Mesa County EMS System according to the disciplinary procedures protocol and may report the incident to the Colorado Department of Health for further sanctions which may include revocation of certification. Violation of section 8.7 above, falsifying records, will result in immediate termination of supervision by the EMSMD and will not be tolerated under any circumstances,
10. **Mandatory EMSMD notification** – Providers are operating within the Mesa County EMS System under the authority and license of the EMSMD. As such, any incident which potentially has an adverse impact on the patient or the system **MUST BE IMMEDIATELY REPORTED TO THE EMSMD OR HIS/HER DESIGNEE BY PHONE AND E-MAIL** as soon as practical after the completion of the call when any of the following occur:
1. Cardiac and/or respiratory arrest after administration of a benzodiazepine or a narcotic.
 2. Cardiac arrest occurring after administration of an anti-arrhythmic agent in a previously stable patient.
 3. Any attempt (successful or un-successful) at needle and/or surgical airways.
 4. Incorrect medication administration or use with adverse patient outcomes.
 5. Any cardiac and/or respiratory arrest or patient injury while attempting physical restraint.
 6. Any EMS vehicular accident involving injuries.
 7. Any significant injury to a provider in the course of their duties.
 8. Any unusual circumstance or intervention that potentially causes or caused patient harm.
 9. EMS Provider who has operated outside of his/her level of certification and/or training (i.e., EMT-B level performing endotracheal intubation).
11. Notification may occur by phone, or e-mail. Failure to notify the EMSMD as directed above will be treated as an omission and falsification of the record. In addition, the EMSMD is to be notified as soon as possible by e-mail and by phone during normal daytime hours (9-6) of any of the following:
1. Any EMS vehicular accident without injuries.
 2. Any injury or blood exposure to a Provider in the course of their duties.
 3. Any incorrect medication use or administration.
12. Patient Care Reports (PCRs) must be completed for all patient contacts as defined in the protocols. A copy of the PCR should be left at the receiving facility at the time of patient delivery or as soon as possible afterward should they be called out on a second call. Providers will comply with any other agency requirements concerning PCR/system data entry.
13. The Mesa County EMS Coordinator (EMSC) is to serve as liaison between the Provider and the EMSMD to insure compliance with the EMS Protocol requirements and to ensure quality assurance/quality improvement activities are carried out. Any requests for

documentation from the EMSC are to be treated as if they are from the EMSMD and **MUST** be complied with.

14. The EMSMD agrees to assume medico-legal responsibility for the out of hospital care provided by EMS Provider if the above principles and requirements are followed. **IT IS CLEARLY UNDERSTOOD THAT FAILURE TO COMPLY WITH ANY OF THE ABOVE LISTED ITEMS OR ITEMS IN THE MESA COUNTY EMS OPERATING PROTOCOLS MAY IMMEDIATELY CANCEL THIS AGREEMENT AND DISSOLVE ANY MEDICAL OR LEGAL RELATIONSHIP BETWEEN THE PROVIDER AND THE MEDICAL DIRECTOR, AT THE SOLE DISCRETION OF THE MEDICAL DIRECTOR.**

This agreement is valid until revoked by the EMSMD. Revocation may be accomplished immediately on written notice. Revocation will be considered automatic and immediate upon termination of the EMS provider's relationship with the last of any of the above named approved agencies and will not require any further written notice.

Director Attestation:

I, _____, attest that I am willing to provide medical oversight and a continuous quality
(Print MCEMSMD's Name)

improvement program for _____.
(Print Company Name)

Signature of the Mesa County EMS MD

Agency Attestation:

I, _____, attest that _____ will:
(Print Applicant's Name) (Print Company Name)

- 1) Comply with the State of Colorado Department of Public Health and Environment EMS Division reporting requirements.
- 2) Comply with quality assurance methods, medical protocols, and other rules established by the Mesa County EMSMD.
- 3) Comply with reporting requirements, dispatch protocols, and performance standards established by Mesa County.
- 4) Comply with incident command policies, procedures, and protocols established by the Department of Emergency Management.
- 5) Provide documentation that information regarding the level of professional liability insurance the ambulance service carries has been provided to employees.
- 6) Provide copies of the ground ambulance service's policy and procedure manual and operational protocols to the Mesa County Office of Emergency Management.
- 7) Comply with the Mesa County EMS Resolution and Mesa County EMS Rules.

Signature of Applicant

*** Payment of a fee in the amount of \$100 for the Ambulance Service License and \$20 for each ambulance permit, by check or money order, made payable to Mesa County must be attached to this application.**