Solano County Health & Social Services Department

Mental Health Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services

Eligibility Services
Employment Services
Children's Services
Administrative Services

Patrick O. Duterte, Director

Richard C. Lotsch, D.O.
EMS Agency Medical Director

EMERGENCY MEDICAL SERVICES AGENCY
275 Beck Avenue MS 5-240
Fairfield, Ca. 94533
(707) 784-8155 FAX (707) 421-6682
www.solanocounty.com

Ted Selby
EMS Agency Administrator

POLICY MEMORANDUM 3000

DATE: Apr 7, 2011

REVIEWED/APPROVED BY:

RICHARD C. LOTSCH, D.O., EMS Agency Medical Director

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-1 or Paramedic certificate. 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 EMS Registry 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
EMT-1 Initial Certification, Recertification, and Registration (Solano County resident/employee)	$30.00
EMT-1 Initial Certification & Recertification (non-resident; non-employee/volunteer in Solano County)	$100.00
EMT-1 Late fee-recertification (assessed if recertifying during month of card expiration or later)	$25.00
California State EMS Registry Fee-initial (payable to EMSA)	$75.00
California State EMS Registry Fee-recertification (payable to (EMSA)	$37.00
Paramedic Initial Accreditation	$55.00

SYSTEM FEES

Description	Amount
Non-Emergency Ambulance Transport application/renewal fee	$1,500.00
Non-Emergency CCT Provider Permit (Bi-annual) (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
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	$500.00
Emergency Department Approved for Pediatrics (EDAP) Designation Fee	$5,000.00

EMERGENCY MEDICAL SERVICES

275 Beck Ave., MS 5-240
Fairfield, CA 9453
(707) 784-8155

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: _____