

**SIERRA-SACRAMENTO VALLEY EMS AGENCY**

**PARAMEDIC INTERFACILITY TRANSPORT OPTIONAL SKILLS  
SERVICE PROVIDER APPLICATION**

<b>SERVICE PROVIDER:</b>	<b>CHIEF OPERATIONS OFFICER:</b>
<b>CONTACT PERSON:</b>	<b>MEDICAL DIRECTOR:</b>
<b>MAILING ADDRESS:</b>	
<b>CITY:</b>	<b>ZIP CODE:</b>
<b>PHONE #</b>	<b>FAX #</b>
<b>E-MAIL ADDRESS:</b>	

**Attach the following:**

<i>DESCRIPTION</i> (For detailed description, see S-SV Policy Reference No.442.)	<i>ENCLOSED</i>	<i>APPROVED</i> (S-SV use only)
a. <b>Letter of Intent</b> , signed by Chief Operations Officer, to provide paramedic monitoring of pre-existing nitroglycerin / heparin / amiodarone infusions and / or Automatic Transport Ventilators (ATV's) during interfacility transports.		
b. <b>Call Volume</b> of anticipated interfacility transports.		
c. <b>Equipment Identification.</b> Mechanical infusion pump and / or Automatic Transport Ventilator information.		
d. <b>CQI</b> program.		
e. <b>Program instructor.</b> Name and CV/resume of the physician or RN instructor.		
f. <b>Training Program.</b>		
g. <b>Policies &amp; Procedures.</b>		
h. <b>Personnel Information:</b> <ul style="list-style-type: none"> <li>▪ # of proposed paramedic personnel to be trained &amp; authorized.</li> <li>▪ # of ALS staffed ambulances staffed with paramedic personnel to be trained and authorized.</li> <li>▪ Proposed target date for beginning service.</li> </ul>		

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**Chief Operations Officer**                      **Date**                      **Medical Director**                      **Date**

Submit this application, with appropriate supporting documentation, to:

**QI/Education Coordinator**  
**S-SV EMS Agency**  
**5995 Pacific Street**  
**Rocklin, CA 95677**

**Phone (916) 625-1714**  
**Fax # (916) 625-1730**

<b>S-SV EMS AGENCY USE ONLY</b>						
<i>Date rec'd</i>	<i>Reviewed by</i>	<i>Date Approved</i>	<i>Letter sent</i>	<i>Personnel list</i>	<i>Orientation Completed</i>	<i>Provider #</i>