

**A RESOLUTION PROVIDING FOR REGULATING AMBULANCES,  
AMBULANCE SERVICES, AND MEDICAL STANDBY PROVIDERS AND  
CREATING PROCEDURES FOR LICENSING**

**17-53**

WHEREAS, the General Assembly of the State of the Colorado has enacted the Colorado Emergency Medical Services and Trauma Act, Title 25, Article 3.5, of the Colorado Revised Statutes, as amended from time to time; and

WHEREAS, the Emergency Medical Services and Trauma Act declares that the provision of adequate emergency medical and trauma services is a matter of statewide concern, and

WHEREAS the Colorado Emergency Medical and Trauma Services Act requires that the Board of County Commissioners enact standards, requirements, and procedures for providing emergency medical services within Huerfano County, and

WHEREAS, said Act further authorizes the Board of County Commissioners to license ambulances and to impose regulations on ambulance services, and to regulate ambulances and emergency medical services personnel, and

WHEREAS, the Board of County Commissioners believes that ongoing coordination and collaboration with local emergency response agencies and others will lead to improvements in medical care, response times, quality, and oversight, and

WHEREAS, the Board of County Commissioners finds it to be in the best interest of citizens of and visitors to Huerfano County to adopt the following resolution; and

WHEREAS, the Board has determined that an Ambulance Licensing Policy is critical to the ensuring the health and welfare of those who live, work, attend school, worship, and visit Huerfano County and the adoption of Huerfano County Ambulance Licensing Policy regulations is intended to improve patient outcomes and as such the Board has addressed and considered each of the subjects below in adopting this resolution; and

WHEREAS, in the Board's judgment, the regulations will facilitate the efficient and effective provision of emergency medical services; and


WHEREAS, to the extent they are applicable; Huerfano County has complied with Colorado Statutes, Title 25 Article 3.5, and with existing local ordinances and rules.

NOW, THEREFORE, BE IT RESOLVED, by the Board of County Commissioners of Huerfano County, State of Colorado, that in order to preserve the public health, safety, and welfare, and in accordance with the law:

The Huerfano County Ambulance Licensing and Inspection Policy, a copy of which are attached hereto, and incorporated herein as if fully set forth, is adopted.

INTRODUCED, READ, AND ADOPTED on this 9<sup>th</sup> day of May 2017.

ATTEST:

  
Nancy C. Cruz  
County Clerk and Recorder and  
Ex-Officio Clerk to said Board



BOARD OF COUNTY COMMISSIONERS  
OF HUERFANO COUNTY, COLORADO

BY   
Edward R. Garcia, Chairman

  
Max Vezzani, Commissioner

  
Gerald A. Cisneros, Commissioner

# Huerfano County Ambulance Licensing and Inspection Policy

Adopting Resolution(s): 17- 53

Effective Date: April 25, 2017

Adoption Date: April 25, 2017

**References (Statutes/Policies):** 10-4-703, 18-1-106, 25-1-302, 25-3.5-306, 42-4-213, C.R.S; Colorado Board of Medical Examiners Rules; Intergovernmental Agreement for Ambulance Licensing and Inspection; CC95-2

**Purpose:** To set standards for the regulation of Ambulance Services.

## A. Definitions

1. **Ambulance:** Any public or privately owned land vehicle especially constructed or modified and equipped, intended to be used, and maintained or operated by, ambulance services for the transportation upon the roads, streets and highways of this state, of individuals who are sick, injured, or otherwise incapacitated or helpless.
2. **Ambulance Service:** The furnishing, operating, conducting, maintaining, advertising, or otherwise engaging in or professing to be engaged in the transportation of patients by ambulance. Taken in context, the person so engaged or professing to be so engaged and the vehicles used for the emergency transportation of persons injured at a mine are excluded from this definition when the personnel utilized in the operation of said vehicles are subject to the mandatory safety standard of the Federal Mine Safety and Health Administration, or its successor agency.
3. **Ambulance Transport Agency:** Any public agency, volunteer organization or commercial enterprise licensed as an ambulance service by the Board of County Commissioners of any Colorado county, sometimes referred to herein as a "licensed ambulance service."
4. **Ambulance-advanced life support:** A vehicle equipped in accordance with Section 12.9.3 of the rules pertaining to Emergency Medical Services, 6CCR1015-3, and operated by an ambulance service authorizing the vehicle to be used to provide ambulance service limited to the scope of practice of the Emergency Medical Technician-Intermediate or Emergency Medical Technician-Paramedic as defined in the Colorado Board of Medical Examiners rules, 3 CCR 713-6, Rule 500, Sections 5 and 6.
5. **Ambulance-basic life support:** A vehicle equipped in accordance with Section 12.9.2 of the rules pertaining to Emergency Medical Services, 6CCR1015-3, and operated by an ambulance service authorizing the vehicle to be used to provide ambulance service limited to the scope of practice of the Emergency Medical Technician-Basic as defined in the Colorado Board of Medical Examiners rules, 3 CCR 713-6, Rule 500, Section 4.
6. **Ambulance-basic life support with advanced life support capabilities:** A vehicle equipped in accordance with 12.9 of the rules pertaining to Emergency Medical Services, 6CCR1015-3 and operated by an ambulance service authorizing the vehicle to be used to provide ambulance service limited to the scope of practice of the Emergency Medical Technician-Basic as defined in the Colorado Board of Medical Examiner Rules, 3CCR713-6, Rule 500 Section 4. The vehicle may operate as an advanced life support

transport when it contains both the additional required equipment and supplies and is properly staffed with an Emergency Medical Technician-Intermediate or Emergency Medical Technician-Paramedic.

7. **Ambulance Validation Sticker:** A sticker displayed on the upper left side of the windshield of an ambulance unit indicating that it has been inspected and issued a permit to operate in the County. The sticker shall indicate the month and year of validation.
8. **Authorized Representative:** The Director of the Las Animas-Huerfano Counties District Health Department. This individual is responsible for coordinating the licensure of ambulances and the administration of these regulations.
9. **Based:** An ambulance service headquartered, having a substation, office ambulance post or other permanent location in a county.
10. **Board:** Means the Board of County Commissioners for Huerfano County.
11. **Board of Medical Examiners Rules:** Rules adopted by the Board of Medical Examiners which establish responsibilities of Medical Directors and all authorized acts of Emergency Medical Technicians.
12. **Council:** State Emergency Medical and Trauma Services Advisory Council
13. **County:** Huerfano County.
14. **Department:** Colorado Department of Public Health & Environment
15. **Director:** The Director of the Las Animas-Huerfano Counties District Health Department
16. **Disaster Aid:** In the event of an all hazards event, including but not limited to air transport crash, terrorist attack, natural disaster earthquake, ambulances may be called upon by another jurisdiction or county in which they are not licensed to serve, to provide emergency support. No formal contracts or mutual aid agreements for assistance or additional licenses are needed for this type of disaster response during a catastrophic event.
17. **Emergency:** Actual or self-perceived event which threatens life, limb or well-being of an individual in such a manner that immediate medical care is needed.
18. **Emergency Call:** A real or self-perceived event where the EMS system is accessed by the 9-1-1 emergency access number or its local equivalent, or an inter-facility transfer where the patient's health or well-being could be compromised if the patient is held at the originating facility indefinitely.
19. **Emergency Facility:** A general hospital, trauma center, or free-standing emergency facility with an emergency department staffed twenty-four (24) hours a day, seven (7) days per week, with a licensed physician; or an emergency medical outpatient facility staffed twenty-four (24) hours a day, seven (7) days per week with a licensed physician or registered nurse with direct medical supervision by a licensed physician; or an emergency facility with a licensed physician who responds on an on-call basis.
20. **Emergency Medical Technician:** An individual who holds a valid Emergency Medical Technicians certificate issued by the Colorado Department of Public Health and Environment. The three classes of emergency medical technicians as follows:

- a. **Emergency Medical Technician-Basic (EMT-B):** An individual who holds a current and valid Emergency Medical Technician-Basic certificate issued by the Department.
  - b. **Emergency Medical Technician-Intermediate (EMT-I):** An individual who holds a current and valid Emergency Medical Technician-Intermediate certificate issued by the Department.
  - c. **Emergency Medical Technician-Paramedic (EMT-P):** An individual who holds a current and valid Emergency Medical Technician-Paramedic certificate issued by the Department.
21. **Graduate EMT-Intermediate:** An individual who has successfully completed a Department recognized Emergency Medical Technician-Intermediate training course but has not yet successfully completed the certification requirements set forth in these rules.
  22. **Graduate EMT-Paramedic:** An individual who has successfully completed a Department recognized Emergency Medical Technician-Paramedic training course but has not yet successfully completed the certification requirements set forth in these rules.
  23. **License:** The authorization issued by the appropriate authority to operate an ambulance service in the County. The license may not be assigned, sold or otherwise transferred.
  24. **Licensee:** The legal entity that has been issued a license by the appropriate authority to provide ambulance service in the County.
  25. **Medical Director:** A physician who holds an active Colorado Medical License, who establishes protocols and standing orders for medical acts performed by Department-certified EMTs of a pre-hospital EMS service agency who is specifically identified as being responsible to assure the competency of the performance of those acts by such department-certified EMTs as described in the physicians medical continuous quality improvement program. Any reference to a "physician advisor" in the state EMS rules or in the Board of Medical Examiners previously adopted rules shall apply to a "Medical Director" as defined in these rules.
  26. **Medical quality improvement program:** A process consistent with the Colorado Board of Medical Examiners rules, 3 CCR 713-6, Rule 500, Section 3.2 (b), used to objectively, systemically and continuously monitor, assess and improve the quality and appropriateness of care provided by the medical care providers operating on an ambulance service.
  27. **Mutual Aid:** A written, contractual agreement between two licensees to supplement services in each other's response districts. A mutual aid agreement does not exempt an Ambulance from the licensing requirements of the local government within which mutual aid is provided.
  28. **Patient:** Means any individual, who is sick, injured, has experienced a traumatic injury, or is in need of immediate professional medical attention and who has been treated.
  29. **Patient Care Report:** A medical record of an encounter between any patient and a provider of medical care.
  30. **Permit:** The authorization issued by the governing body of a local government with respect to an ambulance used or to be used to provide ambulance service in this state. The permit may not be assigned, sold or otherwise transferred.

31. **Quick Response Teams:** Provides initial care to a patient prior to the arrival of an ambulance.
32. **Rescue Unit:** Any organized group chartered by this state as a corporation not for profit or otherwise existing as a nonprofit organization whose purpose is the search for and the rescue of lost or injured persons and includes, but is not limited to, such groups as search and rescue, mountain rescue, ski patrols, (either volunteer or professional), law enforcement posses, civil defense units, or other organizations of governmental designation responsible for search and rescue.
33. **To Operate in Huerfano County:** The providing of Ambulance service or transport of patients within the boundaries of Huerfano County.

B. Regulations

1. **Ambulance Service License Required:** No person or agency, private or public shall transport a patient from any point within the County in an Ambulance to any point within or outside the County unless the person or agency holds a valid license and permit issued by the County where the service is based. Huerfano County will honor valid licensed and permitted transport from counties participating in a Multi-County Inter Governmental Agreement.
2. **Advanced Life Support Ambulance:** No Ambulance Service shall operate, charge for service advertise, display, or claim to be an advanced life support ambulanceservice unless it is licensed, equipped, and staffed to meet the definition of an Ambulance – Advanced Life Support.
3. **Basic Life Support Ambulance:** No Ambulance Service shall operate, charge for service, advertise, display or claim to be a basic life support ambulance service unless it is licensed, equipped and staffed to meet the definition of Ambulance – Basic Life Support.
4. **Ambulance Crew Members:** No patient shall be transported in an Ambulance that is providing service originating within the County unless the ambulance is staffed by a crew consisting of at least one Emergency Medical Technician (EMT) and one Emergency Vehicle Operator. The EMT will be responsible for direct patient care and shall be certified as an EMT-Basic or higher. The minimum requirement for the Emergency Vehicle Operator, or driver, shall be a valid driver's license.
5. **Exceptions to License and Vehicle Permit Requirements Exceptions:** The provisions of the licensing and permit paragraphs set forth in this policy shall not apply to the following:
  - a. Vehicles used for the transportation of persons injured at a mine, gravel pit or extractive well when the personnel used on the vehicles are subject to the mandatory safety standards of the Federal Mine Safety and Health Administration, or its successor agency.
  - b. Vehicles used by other agencies including quick response teams and rescue units that do not routinely transport patients or vehicles used to transport patients for extrication from areas inaccessible to a permitted ambulance. Vehicles used in this capacity may only transport patients to the closest practical point for access to a permitted ambulance or hospital.
  - c. Vehicles, including ambulances from another state, used during major catastrophe or mass casualty incident rendering services when permitted ambulances are insufficient.

- d. An ambulance service that does not transport patients from points originating in Colorado, or transporting a patient originating outside the borders of Colorado.
- e. Vehicles used or designed for the scheduled transportation of convalescent patients, individuals with disabilities, or persons who would not be expected to require skilled treatment or care while in the vehicle.
- f. Vehicles used solely for the transportation of intoxicated persons or persons incapacitated by alcohol as defined in § 25-1-302, CRS (2004) but who are not otherwise disabled or seriously injured and who would not be expected to require skilled treatment or care while in the vehicle.
- g. Ambulances operated by a department or an agency of the federal government, originating from a federal reservation for the purpose of responding to, or transporting patients under federal responsibility.

C. Insurance

1. No ambulance shall operate in the County unless it is covered by insurance as set forth in this paragraph. Each ambulance service shall maintain insurance coverage for each and every ambulance owned, operated or leased by the ambulance service, providing coverage for injury to or death of persons in accidents resulting from any cause for which the owner of the said vehicle would be liable on account of any liability imposed on him or her by law, regardless of whether the ambulance was being driven by the owner, his or her agent or lessee, or any other person and coverage as against damage to the property of another, including personal property, under like circumstances, in the following amounts:

Type of Insurance	Amount of Coverage
Worker's Compensation Insurance	Statutory Requirements
Public Liability and Property Damage	Bodily Injury Each person \$1,000,000 Each accident \$2,000,000 Property damage Each accident \$1,000,000
Professional Liability Coverage	Each person \$1,000,000 Each accident \$2,000,000

2. Proof of insurance shall be filed with the Board, or their authorized representative, along with the application for an ambulance service license as required in these regulations. Every insurance policy required shall contain a provision for continuing liability there under to the full amount thereof, notwithstanding any recovery thereon, that the liability of the insurer shall not be affected by the insolvency or bankruptcy of the insured, and that until a policy is revoked, the insurance company will not be relieved from liability on account of nonpayment of premiums, failure to renew license at the end of the year, or any act of omission of the named insured. At any time said insurance is required to be renewed, proof of renewal shall be provided to the Board, or their authorized representative. The motor vehicle insurance shall be a complying policy as defined in Section 10-4-703, C.R.S. as amended.

3. A Certificate of Insurance with the Board named on the certificate holders copy shall indicate the vehicles covered by the policy, type of insurance (vehicle and professional liability, etc.) policy number(s), policy effective date, policy expiration date, amount of coverage, and contain a provision that thirty (30) days prior written notice of any cancellation or termination or revocation of said insurance policy shall be given to the Board and their authorized representative.
4. Any change in the status of vehicles listed on the Certificate of Insurance during the licensing cycle, shall be noted on a new Certificate of Insurance and forwarded to the Board or their authorized representative within thirty (30) days of the changes.
5. Notification of any changes in insurance shall be made in writing within thirty (30) days of such changes to the Board, or their authorized representative by the Licensee, to be followed with a Certificate of Insurance as outlined in previous paragraphs. The Board may require additional proof of insurance at any time as needed in order to promote health, safety and welfare of residents of the County.
6. Ambulance service must attest to and provide if requested documentation regarding the process used to inform ambulance staff of the amount of professional liability insurance carried by the service.

#### D. Standards

1. Ambulance Specifications: Ground vehicles obtained, licensed and placed in use as ambulances shall, at a minimum, meet the guidelines as established by the Department. All ambulances shall have the name of the ambulance service clearly visible on each of its ambulances in operation.
2. Ambulance Equipment: Each ambulance shall contain minimal required equipment listed in the Department's rules pertaining to Emergency Medical Services, 6CCR1015-3, Section 12.9 Minimum Equipment Requirements. The County may require additional equipment which exceeds the State approved minimum required equipment.
3. Inspections:
  - a. The Authorized Representative shall inspect, or have inspected, each ambulance to be issued a license in the County once a year or more often if required by the Board. Such inspection shall determine whether each ambulance is being properly maintained and contains the equipment specified in these regulations. Maintenance records shall be made available immediately upon request. Such inspections shall be in addition to other safety or motor vehicle inspections required to be made under Colorado law and shall not excuse compliance with any other requirements of Colorado law.
  - b. Any inspection necessary for application or renewal must be completed prior to the acceptance of an application or renewal application.
  - c. It is the responsibility of the ambulance service operator to have each vehicle inspected prior to licensing. An appointment must be made in advance prior to the performance of an inspection.
4. General Regulations:
  - a. All ambulances shall deliver patients to a licensed emergency facility of the patient's choosing, or as directed by the patient's physician or member of the patient's immediate family; provided; however, when the patient's condition is determined to

be an emergency, the ambulance service shall deliver the patient to the closest, licensed emergency facility, or the facility designated by the physician advisor consistent with all guidelines imposed by the Regional Emergency Medical and Trauma Advisory Council. In all cases where a preference is not expressed, the ambulance service shall deliver the patient to the nearest appropriately licensed emergency facility.

- b. No licensed ambulance service shall operate from a location other than those on file with the County, nor shall such licensed ambulance service abandon said location without prior notification to the County.
- c. Each licensed ambulance service shall provide to the County, upon request, copies of its written policy and procedure manual, operational or medical protocols, or other documentation the County may deem necessary.
- d. Each licensed ambulance service shall ensure that a patient care report is completed for each patient that is assessed. The patient care report shall include the minimum pre-hospital care data and be provided to the Department as set forth in the Emergency Medical Services Rules 6 CCR 1015-3.
- e. Each licensed ambulance service operating within the County shall have a Medical Director meeting the requirements established by the Colorado Board of Medical Examiners; 3 CCR 713-6, Rule 500. The Medical Director shall supervise the medical acts performed by all personnel on the ambulance service. The service must inform the County within fifteen (15) calendar days, in writing, of changes in medical oversight of the ambulance service and/or the Medical Director of record.
- f. An ambulance service operating in the County shall comply with all County and municipal zoning and other land use regulations.
- g. Each licensed ambulance service shall ensure that an agency profile is completed and submitted to the Department as defined by the State Emergency Medical and Trauma Services Advisory Council.
- h. Each ambulance service shall ensure submission of resource information to support the Colorado State Emergency Resource Mobilization Plan. The resource information will be used to populate the Resource Ordering and Status System (ROSS) database
- i. Each licensed ambulance service shall ensure compliance with current National Incident Management System (NIMS) training requirements.
- j. Each licensed ambulance service licensure application shall include an attestation by the Medical Director of willingness to provide medical oversight and a medical continuous quality improvement program for the ambulance service.
- k. Each licensed ambulance service operating in the County shall have an ongoing medical continuous quality improvement program consistent with the requirements as defined in the Colorado Board of Medical Examiners rules 3 CCR 713-6, Rule 500, 3.2.b

#### E. Licenses

1. Application for Ambulance Service License: An application for an ambulance service shall be submitted in writing, and shall contain the following information and necessary supporting documents:



- a. New or Renewal application; Number of units operated by company, and application date
- b. Multi-County information and fees
- c. Owner/parent company name, address, and telephone number of the ambulance service, and the status of the owner as sole proprietor, partnership, corporation or a unit of local government.
- d. Ambulance Service name, address, telephone number
- e. Name, address, and telephone number of the person responsible for the management of the operations on a daily basis
- f. Dispatch Center name, address, and telephone number
- g. Insurance Company name and address
- h. Insurance Agent name, address, and telephone number
- i. Attachments to application:
  - (1) If the owner of the ambulance service or the applicant is a corporation: the name, address, and telephone number of each stockholder owning ten percent (10%) or more of the outstanding stock of such corporation and the name, address, and telephone number of each of the directors of the corporation
  - (2) Certificate of insurance as set forth and required in this resolution
  - (3) Drug list approved by the Medical Director for use in the field (signed and dated by Medical Director)
  - (4) The geographic area to be served by the ambulance service
  - (5) Motor Vehicle Condition forms for each vehicle
  - (6) List of locations (central and sub-stations), where ambulances will be located. Attach zoning authorization if appropriate.
  - (7) It is the responsibility of the ambulance service to supply a personnel list at the time of licensing or renewal. The personnel list shall include: name, date of hire, levels of state certified EMTs and respective expiration dates, certification number, NIMS compliance data, and driver's license number. Terminations shall be reported within thirty (30) days for any reason
  - (8) List of current ambulances (include the year, make, type, and patient capacity for each vehicle)
  - (9) Proof of submission of data to Colorado State Emergency Resource Mobilization Plan
  - (10) A check to cover required fees
- j. Applicant name, address, telephone number, and position in the company, hereinafter referred to as applicant.

- k. Medical Director name, address, telephone number, medical license number and facility affiliation
- l. Medical Director's licensing requirements and responsibilities include:
  - (1) Meet the requirements established by Colorado Board of Medical Examiners (CBME) 3CCR713-6, Rule 500
  - (2) Provision of Medical Oversight for the ambulance service and personnel
  - (3) Provision of a medical continuous quality improvement program (must be available to County upon request)
  - (4) Ensure that the ambulance service complete a patient care report for each patient that is assessed
  - (5) Ensure that the ambulance service completes and submits an agency profile
  - (6) Investigate and provide written documentation of the investigation and resolution process of each complaint received from the County. (Non-compliance with any of these requirements may result in suspension or revocation of ambulance service license.)
- 2. Issuance of Ambulance Service License: Upon receipt of an application for a license to provide ambulance service, the County shall review the application and the applicant's record. The County may issue the applicant a license to operate an ambulance service which shall be valid for a period of twelve (12) months following the date of issue providing that:
  - a. The ambulance service staff, vehicle, equipment, and location comply with the requirements of these regulations.
  - b. The ambulance service personnel are certified or possess not less than the minimum qualifications set forth in provisions of these regulations.
- 3. Upon approval of license all participants in the Multi-County Ambulance Program will be notified within five (5) business days.
- 4. Ambulance Service License Renewal:
  - a. Any such license, unless revoked by the Board, may be renewed by filing an application for renewal. Application for renewal shall be filed annually, but not less than thirty (30) days before the date the license or permit expires. Renewal applications shall be made available by the County to all agencies that currently hold a license, sixty (60) days prior to expiration. However, failure to receive such application shall not release the individual agency from its responsibility for renewal of said license. If re-application is not received at least thirty (30) days prior to license expiration; County shall issue a temporary suspension notice and the applicant shall cease operation until license is re-issued. If temporary suspension notice is issued due to lapse of license, County may charge an additional fee prior to approval of license renewal. Applicant shall cease operation until license is re-issued.
  - b. The procedure for approval and disapproval of applications for renewal of license shall be the same as for new applications.

- c. If temporary suspension notice is issued, the County shall notify all participants in the Multi-County Ambulance Program within five (5) business days.
  5. Transfer of License: No license issued by the Board shall be sold, assigned, or otherwise transferred.
  6. Change of Ownership: Change of ownership shall require a new application and license, with payment of the same license fee as is required for the original application. Any sale or exchange of stock in excess of twenty-five percent (25%) of the total outstanding stock of a corporation to anyone other than an existing stockholder at the time of the original issuance of license shall be deemed a change of ownership for the purpose of these regulations. Any change of ownership or any transfer of stock ownership of ten percent (10%) or more shall be reported in writing within thirty (30) days of such change or transfer.
- F. Complaints and Investigation:
1. Complaints against any ambulance service based in the County or allegations of unlicensed ambulance services or vehicles without a valid permit operating within the County may be submitted in writing to the Authorized Representative. The Authorized Representative shall complete the Complaint Form, making contact with the complainant if additional information is necessary.
  2. The completed form and appropriate documentation is mailed to the Medical Director of the ambulance service for investigation and resolution. The Medical Director must respond in writing, to the County with results of the investigation and resolution, within the required timeline.
  3. The Authorized Representative shall make a good faith effort to evaluate the factual basis of the complaint and resolution and shall issue written notice of factual findings to the complainant and Medical Director of the ambulance service. It shall be at the discretion of the Authorized Representative, as to whether temporary suspension, suspension or revocation proceedings shall be commenced. The Authorized Representative shall notify other local entities with jurisdiction, in writing, of this complete process. Upon notification, all participating counties shall initiate identical action.
  4. Within thirty (30) days of the date of written notice of findings and conclusions the complainant may appeal, in writing, to the County receiving the complaint for a public hearing.
  5. The Authorized Representative may notify the Department, the Board of Medical Examiners, and/or other local entities with jurisdiction over the ambulance service of complaints against its medical technicians, or other medical personnel associated with the service or the Medical Director. Investigation and resolution of these complaints is the responsibility of the Department.
  6. In any legal action against a Licensee in which it is alleged that the plaintiff's injury, illness or incapacity was aggravated by, or was otherwise injured by the negligence of the licensee, no negligence shall be presumed because of such allegations.
  7. If a judgment is entered against such licensee, they shall within thirty (30) days, file a copy of such findings and Order of the Court, with the Authorized Representative. The Authorized Representative shall take note of such judgment for purposes of investigation and take appropriate action if there appears to be any violation of these regulations or any Colorado law or ordinance or regulations of any municipality in the County.

8. The Licensee shall notify the Authorized Representative of any judgment pending against the Licensee.

G. Revocation/Suspension Procedures and Hearings:

1. Huerfano County may on its own motion based on complaint, after investigation and/or public hearing at which the Licensee shall be afforded an opportunity to be heard, suspend any license issued by the Board pursuant to these regulations. The Licensee shall receive written notice of such temporary suspension, and a hearing shall be held no later than ten (10) days after such temporary suspension. After such hearing, the Board may suspend or revoke any license issued pursuant to these regulations for any portion of or for the remainder of its life. At the end of such period, the person whose license was suspended or revoked may apply for a new license or permit as in the case of an original application. Suspension or revocation may result from violations of:
  - a. Any provision of this policy, or
  - b. Any law of the State of Colorado and any evidence of such violation may be considered by the Board, or
  - c. Any rules and regulations promulgated pursuant to this policy.
2. All hearings before the County shall be in public and every vote and official act of the Board shall be public. The County has the power to administer oaths and issue subpoenas to require the presence of persons and the production of papers, books and records necessary to the determination of any issue at any hearing which the Board is authorized to conduct.
3. Written notice of temporary suspension, suspension, or revocation as well as any required notice of such hearing, shall be given by certified mail to the Licensee at the address contained in such license application.
4. Any license may be temporarily suspended by the issuing license authority pending any prosecution, investigation, or public hearing. Nothing in this section shall prevent the summary suspension of such license for a period of not more than thirty (30) days after such temporary suspension. The Licensee shall receive written notice of such temporary suspension, and a hearing shall be held no later than ten (10) days after such temporary suspension. If any license is suspended or revoked, no part of the fee therefore shall be returned to the Licensee.
5. The County shall notify all participants in the County Ambulance Program within five (5) business days, of revocation or suspension. All participating counties shall initiate identical action.
6. It shall be the duty of the County to notify local law enforcement authorities, fire departments, hospitals and the Medical Director(s) of revocation or suspension.
7. The following practices shall be unlawful and may be grounds for suspension or revocation of licenses:
  - a. Willful and deliberate failure to respond to any call in the absence of good cause shown.
  - b. Willful and deliberate failure to transport a patient when required by the nature of the injury in the absence of a competent patient denial or emergency care.

- c. Administration of any substances considered a drug or intravenous fluid unless under direct order of a physician, either present or by radio or telephone, except as permitted by protocol.
- d. Administering unnecessary treatment or supplies to a patient for the purpose of increasing the patient's bill.
- e. Charging for treatment or supplies not actually provided.
- f. Call jumping (which is defined as a response to a call for ambulance service by an ambulance service company with the knowledge that another ambulance service company has been notified to respond to the call or is actually responding to the call.
- g. Non-compliance with any rule or regulation promulgated by the Colorado State Board of Medical Examiners.
- h. Conduct which constitutes a significant threat to the health or safety of the individuals receiving emergency care from a licensed ambulance service. Such conduct may include but not be limited to: persons who have been convicted of felonies or crimes involving moral turpitude and individuals engaged in substance abuse. Such persons shall be subject to investigation to determine whether the applicant has sufficiently rehabilitated to accept the responsibilities incumbent on a holder of such license.
- i. Failure to deliver a patient to the appropriate emergency facility, medical facility or medical services provider as set forth in these regulations.
- j. Operation of an ambulance/emergency medical vehicle while under the influence of alcohol or drugs.
- k. Requiring any employee of an ambulance service company to be on duty for any one period in excess of forty-eight (48) hours. Volunteer ambulance services are exempt.
- l. Making a false or fraudulent statement on any application for a license or permit issued pursuant to these regulations.

#### H. Miscellaneous

1. Use of Sirens and Emergency Equipment: All emergency equipment and warning devices shall be used in accordance with all Colorado traffic statutes, rules and regulations (42-4-213, C.R.S).
2. Alleged Negligence:
  - a. In any legal action against a Licensee in which it is alleged that the plaintiff's injury, illness, or incapacity was aggravated by, or was otherwise injured by the negligence of the Licensee. No negligence shall be presumed because of such allegations.
  - b. If a judgment is entered against such Licensee, he or she, shall, within thirty (30) days, file a copy of such findings and Order of the Court, with the County. The County shall take note of such judgment for purposes of investigation and take appropriate action if there appears to be any violation of these regulations, or of any Colorado law or ordinance or regulation of any municipality in the County.
  - c. The Licensee shall notify the County of any judgment pending against the Licensee in reference to the above Sections H.2.a and H.2.b.

3. Severability: If any of the provisions of these regulations are determined to be invalid, such determination shall not affect the remaining provisions of these regulations.
4. Remedies: These regulations create no third-party beneficiaries and no private remedy for the breach of any provision of these regulations. The penalties set forth herein are the sole and exclusive penalties and remedies for the breach of any provisions of these regulations.
5. Section 25-3.5-306 Violation-Penalty: Any person who violates any provision of Part 3 of Article 3.5 of Title 25, C.R.S., commits a class 3 misdemeanor, shall be punished as provided in Section 18-1-106, C.R.S.

**Huerfano County Ambulance Advanced Life Support (ALS) Checklist:**

**Ventilation Equipment:**

- \_\_\_ Chest Decompression: Commercial \_\_\_ Self Kit \_\_\_
- \_\_\_ Angiocath: 10g \_\_\_ Other: \_\_\_\_\_
- \_\_\_ Cricothyrotomy Tray: Commercial \_\_\_ Self-Kit \_\_\_
- \_\_\_ Laryngoscope and Blades sizes:  
Straight: 0, 1, 2, 3, 4, Curved: 0, 1, 2, 3, 4 Other: \_\_\_
- \_\_\_ Endotracheal Tubes (2 of each)  
Uncuffed: \_\_\_ 2.5 \_\_\_ 3 \_\_\_ 3.5 \_\_\_ 4 \_\_\_ 4.5 \_\_\_ 5 \_\_\_ 5.5  
Cuffed: \_\_\_ 6 \_\_\_ 6.5 \_\_\_ 7 \_\_\_ 7.5 \_\_\_ 8 \_\_\_ 8.5 \_\_\_ 9 \_\_\_ 9.5 \_\_\_ T
- \_\_\_ Stylets: \_\_\_ Adult \_\_\_ Pediatric \_\_\_ PP
- \_\_\_ End Tidal CO<sub>2</sub> detector or alternative device, FDA approved to determine endotracheal tube placemnt
- \_\_\_ Endotracheal Tube Holder \_\_\_\_\_
- \_\_\_ Curved Forceps \_\_\_ Adult \_\_\_ Pediatric
- \_\_\_ Nebulizer Adult \_\_\_ Pediatric \_\_\_ Mask Adapt \_\_\_
- \_\_\_ \*Nasogastric Tube Size 16 \_\_\_ Size 18 \_\_\_

**IV Fluids and Equipment:**

- \_\_\_ Soluset \_\_\_\_\_
- \_\_\_ D5W or NaCL, 50 mL \_\_\_ 250 mL \_\_\_
- \_\_\_ NaCL or LR, 1,000 mL
- \_\_\_ I.O. (Intraosseous)

**Medications:**

- \_\_\_ Medical Director selected and approved list (attached)

**Patient Assessment Equipment:**

**Other Comments: \***

- CPAP \_\_\_\_\_
- TIH \_\_\_ Temp \_\_\_\_\_ Therm \_\_\_\_\_

**Monitor/Defibrillator Operational Check:**

- Make and Model: \_\_\_\_\_
- Monitor Serial No. \_\_\_\_\_
- Defibrillator Serial No. \_\_\_\_\_
- Patient Cables:
  - \_\_\_ Lead 1 (white/black)
  - \_\_\_ Lead 2 (white/red)
  - \_\_\_ Lead 3 (black/red)
  - \_\_\_ 12 -AED, PACE, CV, Defib, Pulse OX, BP, ET-CO<sub>2</sub>
  - \_\_\_ Adult Paddles or Combi-Pads
  - \_\_\_ Pediatric Paddles or Combi-Pads
  - \_\_\_ Presentation
  - \_\_\_ Recorder and Paper
- Date of last service: \_\_\_\_\_
- Output: \_\_\_ 360 ws (338-382)
- \_\_\_ 300 ws (282-318)
- \_\_\_ 200 ws (188-212)
- \_\_\_ 100 ws (94-106)
- \_\_\_ 50 ws (47-93)
- \_\_\_ 20 ws (18-22)

**Miscellaneous Equipment:**

- \_\_\_ \*Compartmentalized Pneumatic Trousers
- \_\_\_ Pediatric "length-based" device for sizing drug dosage calculation and sizing equipment
- Type: \_\_\_\_\_ date: \_\_\_\_\_

<input type="checkbox"/> <b>Approved ALS</b> <input type="checkbox"/> <b>Approved BLS with ALS capabilities</b> <b>Inspection Expires:</b> _____	<input type="checkbox"/> <b>Not Approved. Re-inspection required.</b>  <b>Date of Re-inspection:</b> _____
Please <b>print</b> Ambulance Service Representative's Name: _____	
Ambulance Service Representative's Signature _____	Date _____
Ambulance Inspector _____	Date _____

\*Optional

Chairman Initials - Date: 5-9-14  
 Approved: ERB  
 Disapproved: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Fund: \_\_\_\_\_

**Huerfano Ambulance Inspection Checklist**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Based in **Huerfano County**.

Unit No.: \_\_\_\_\_ VIN: \_\_\_\_\_ Lic #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Ambulance Make: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Year: \_\_\_\_\_ Odometer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_ Basic Life Support (BLS)    \_\_\_\_ Basic Life Support w/ Advanced Life Support (BLS/ALS)    \_\_\_\_ Advanced Life Support (ALS)    \_\_\_\_ Reserve

**Basic Life Support Check List:**

**Emergency Systems:**

- \_\_\_\_ Ambulance Service Medical Treatment Protocols (Current)
- \_\_\_\_ Computerized    \_\_\_\_ yes    \_\_\_\_ no
- \_\_\_\_ State Emergency Vehicle Permit (if required)
- \_\_\_\_ LRD: Year \_\_\_\_\_ Number \_\_\_\_\_
- \_\_\_\_ Running Lights
- \_\_\_\_ Emergency Lights    \_\_\_\_ Siren    \_\_\_\_ \*Fog    \_\_\_\_ \*IC    \_\_\_\_ \*Traffic Direction    \_\_\_\_ \*Opticom    \_\_\_\_ \*SW
- \_\_\_\_ Communications appropriate for jurisdiction served.
  - a. ambulance service's dispatch
  - b. cell phone
  - c. medical control facility or physician
  - d. receiving facilities
  - e. mutual aid agencies, other agencies
- \_\_\_\_ Dispatched by: \_\_\_\_\_
- \_\_\_\_ A set of 3 warning reflectors or devices
- \_\_\_\_ Reflective vests for Crew
- \_\_\_\_ Spare Tire, changing tools, jumper cables, or road side service \_\_\_\_\_
- \_\_\_\_ Fire Ext. (ABC 5-10 lbs) - vehicle exterior  
Due Date: \_\_\_\_\_
- \_\_\_\_ Oxygen (house supply)
- \_\_\_\_ Two (2) Flash lights or lanterns

**Splints and Immobilization Equipment:**

- \_\_\_\_ Spine board (long) with straps
- \_\_\_\_ Spine board (short) with straps
- \_\_\_\_ Patient extrication device    \_\_\_\_ Pediatric board    \_\_\_\_
- \_\_\_\_ Scoop stretcher with straps
- \_\_\_\_ Cervical collars – rigid – adults and peds
- \_\_\_\_ Head immobilization devices adult and peds  
Type: \_\_\_\_\_
- \_\_\_\_ Assorted splints and arm boards, adult & peds
- \_\_\_\_ Traction splint (lower extremity) with anklet
- \_\_\_\_ Child safety seat (per state guidelines) or built in
- \_\_\_\_ Adjustable gurney (4-6 wheels) with holder & straps
- \_\_\_\_ Blankets (4)
- \_\_\_\_ \*Stair chair

**Diagnostic Equipment:**

- \_\_\_\_ Blood Pressure Cuffs  
Large adult    \_\_\_\_ Reg. Adult    \_\_\_\_ Child    \_\_\_\_ Infant    \_\_\_\_
- \_\_\_\_ Stethoscope
- \_\_\_\_ Diagnostic Pen Light (pupil gauge)
- \_\_\_\_ Thermometer - adult and pediatric.
- \_\_\_\_ Pulse Oximeter
- \_\_\_\_ Electronic Glucose measuring device
- \_\_\_\_ AED-Automatic External Defibrillator

**Dressings and Bandages:**

- \_\_\_\_ ABD Pads
- \_\_\_\_ Adhesive bandages, assorted sizes
- \_\_\_\_ Bandages, roller type, self-adhesive
- \_\_\_\_ Multi Trauma Dressing (10 x 36)
- \_\_\_\_ Sterile Burn Sheets
- \_\_\_\_ Occlusive Dressing
- \_\_\_\_ Triangular bandages (2)
- \_\_\_\_ Sterile 4 x 4's
- \_\_\_\_ Sterile Eye Pads
- \_\_\_\_ Adhesive Tape 2"    \_\_\_\_ 1"

**Ventilation and Airway Equipment:**

- \_\_\_\_ Suction Units: House    \_\_\_\_ portable electric battery
- \_\_\_\_ Rigid Suction Tips (covered)
- \_\_\_\_ Soft Catheter Fr. 6, 8, 10, 12, 14, other    \_\_\_\_
- \_\_\_\_ Bulb suction
- \_\_\_\_ Two (2) Portable Oxygen with regulators w/15 lpm
- \_\_\_\_ Airways: Nasopharyngeal, Adult: 24,26,28,30,32  
Oropharyngeal, Infant, Child,  
Small Adult, Adult, Large Adult
- \_\_\_\_ Nasal Cannula: Adult    \_\_\_\_ Pediatric    \_\_\_\_
- \_\_\_\_ NRB with Transparent Oxygen Masks,  
Adult    \_\_\_\_ Child    \_\_\_\_
- \_\_\_\_ Bag Valve Mask O<sub>2</sub> Resuscitators  
500cc    \_\_\_\_ 750cc    \_\_\_\_ 1000cc    \_\_\_\_  
with transparent masks, oxygen reservoir,  
and standard fittings 15mm – 21 mm
- \_\_\_\_ \*Supraglottic Airway

Chairman Initials - Date: 5-9-16  
Approved: ERL  
Disapproved: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Fund: \_\_\_\_\_

\*Optional



**Intravenous and Irrigation Equipment:**

- Sterile Irrigation Solution  Syringe  (20 mL)
- \*IV solution D5W
- IV solution volume expander, 1000mL
- \*Heated storage: Yes  No
- IV Arm boards, Adult  Pediatric
- Constricting bands  trauma tourniquet
- Alcohol  Betadine  Other: \_\_\_\_\_
- IV administration sets: Micro , Macro
- Blood pumps  Other: \_\_\_\_\_
- IV venipuncture needles: sizes: \_\_\_\_\_ thru \_\_\_\_\_ B/F \_\_\_\_\_
- Blood specimen equipment

**Obstetrical Equipment:**

- Sterile OB kit to include towels, 4x4's, ABD pads, umbilical tape or cord clamps, scissors or scalpel, bulb syringe, sterile gloves, drapes, blanket, or thermal absorbent blanket, stocking cap, heat source: \_\_\_\_\_
- Meconium/mucous trap \_\_\_\_\_

**Body Substance Isolation (BSI):**

- Protective eyewear
- Sterile Gloves
- Non-sterile gloves  Latex Free
- Masks, non sterile surgical

**BSI Continued:**

- HEPA masks which can be universal of size

Other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Director: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

- N95 mask
- Sharps containers for the appropriate disposal and storage of medical waste and biohazards.
- Sharps container in jump kit

**Safety Equipment:**

- Fire Ext. (ABC 5-10 lbs) - vehicle interior
- Due Date: \_\_\_\_\_
- No smoking sign (patient compartment)
- Shears, heavy duty (trauma)
- \*Ring cutter
- Safety seat belts, including squad bench
- Restraining devices for all equip. in Pt. Comp.

**Additional Equipment and Supplies:**

- Appropriate cleaning supplies including: disinfectant cleaner. \_\_\_\_\_
- \_\_\_\_\_
- Trash Bags (biohazard). Disposed at: \_\_\_\_\_
- \_\_\_\_\_
- Vehicle cleanliness: Cab  Patient Compartment  Storage Cupboards
- Triage tags
- Extrication Equipment (optional) Yes  No

\_\_\_\_ Reserve unit M.O. = medical equip. moved over unit must be completely equipped w/med equip & supplies according to this check list (BLS/ALS). Unit must be thoroughly cleaned before being placed into service.

<input type="checkbox"/> <b>Approved Basic Life Support (BLS)</b> <b>Inspection Expires:</b> _____	<input type="checkbox"/> <b>Not Approved. - Re-inspection required.</b> <b>Date of Re-inspection:</b> _____
Please <b>print</b> Ambulance Service Representative's Name: _____	
Ambulance Service Representative Signature _____	Date _____
Ambulance Inspector _____	Date _____

\*Optional

Chairman Initials - Date: 5.9.16  
 Approved: ERG  
 Disapproved: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Fund: \_\_\_\_\_

**Huerfano County  
Ambulance Inspection Checklist**

**Certificate of Motor Vehicle Condition**

Date of Certification: \_\_\_\_\_ Agency's Fleet Number: \_\_\_\_\_

VIN: \_\_\_\_\_ Vehicle Owner: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Evaluation Check List**

<u>Item</u>	<u>Acceptable</u>	<u>Not Acceptable</u>	<u>Comments</u>
Engine			
Transmission			
Wheels & tires			
Steering			
Alignment			
Suspension			
Brakes			
Hand brake			
Lights			
Electrical system			
Vehicle and patient compartment heater and cooling system			
Glass			
Exhaust system			
Fuel system			
Body & sheet metal			

The undersigned, professing to be a motor vehicle mechanic, has of this date, evaluated the mechanical condition of the identified ambulance and determined that this vehicle is in safe operating condition. Said evaluation does NOT warrantee future status of the Ambulance due to conditions beyond mechanic's control.

\_\_\_\_\_  
Mechanic's Signature Title Date

\_\_\_\_\_  
Company Name Address Telephone

Chairman Initials - Date: 5-9-16  
Approved: ENG  
Disapproved: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Fund: \_\_\_\_\_

**AMBULANCE SERVICE LICENSE  
HUERFANO-COUNTY APPLICATION**

**PLEASE PRINT. APPLICATION MUST BE NOTARIZED IN 2 PLACES.**

New Application \_\_\_\_\_ Renewal Application \_\_\_\_\_ Date \_\_\_\_\_

Indicate the **number of units** you wish to license and inspect: \_\_\_\_\_

\_\_\_\_\_

**Please attach a check to the application(s).  
Telephone numbers and fees for each county are listed on the Pre-Inspection Checklist.**

**Company name (Owner/parent Company)**

Check one: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Doing Business As (AKA)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Manager or individual responsible for operation of service:** Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Dispatch Center**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Insurance Company**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Insurance Agent**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Attachments required to complete the application:**

- Name and address of each stockholder or partner owning 10% or more of the outstanding stock of the company, or having more than 10% ownership interest (if applicable).
- Certificate of Insurance showing: Bodily Injury (Each person \$1,000,000, Each accident \$2,000,000)
  - Property Damage (Each accident \$1,000,000)
  - Professional Liability (Each person \$1,000,000, Each accident \$2,000,000)
  - Workman's Compensation
- **Drug list approved by the Medical Director/sponsor for use in the field (signed and dated by Medical Director)**
- Geographic of the service area
- Motor Vehicle Condition form completed for each vehicle
- List of locations (central and sub-station), where ambulances will be located. Attach zoning authorization if appropriate
- List of current personnel providing service (list all levels of state certified EMT's and respective expiration dates)
- List of current ambulances (include the year, make, type, maximum capacity for each vehicle)
- Please attach a check to each application

Chairman Initials - Date: S-9-16  
Approved: ERG  
Disapproved: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Fund: \_\_\_\_\_

*I hereby certify that the information provided in this application is true to the best of my knowledge and belief and contains no willful misrepresentations or falsification.*

*Determination that an ambulance service license has been issued based on false information constitutes grounds for license revocation and possible criminal prosecution.*

**Applicant's Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_  
Please **print** the applicant's name \_\_\_\_\_ **Telephone #** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Telephone number** \_\_\_\_\_ **Fax number** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, IN THE  
COUNTY OF \_\_\_\_\_ STATE OF COLORADO.

Signature of Notary \_\_\_\_\_ My Commission Expires \_\_\_\_\_

[SEAL]

**TO BE COMPLETED BY THE MEDICAL DIRECTOR**

**Medical Director** \_\_\_\_\_ **Medical License Number** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Telephone number** \_\_\_\_\_ **Fax number** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Facility Affiliation** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_  
**Telephone number** \_\_\_\_\_ **Fax number** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

The following are licensing requirements of a medical director:

- 1) Meet the requirements established by Colorado Board of Medical Examiners (CBME) as defined in CBME 3CCR713-6, Rule 500
- 2) Provision of Medical Oversight for the ambulance service and personnel
- 3) Provision of a medical continuous quality improvement program (must be available to County upon request)
- 4) Ensure that the ambulance service complete a patient care report for each patient that is assessed
- 5) Ensure that the ambulance service completes and submits an agency profile
- 6) Investigate and provide written documentation of the investigation and resolution process of each complaint received from the County (Non-compliance with any of these requirements may result in suspension or revocation of ambulance service license).

**I understand and accept the responsibilities of a Medical Director for \_\_\_\_\_ service.**

**I understand that non-compliance with any of these requirements may result in suspension or revocation of ambulance license.**

**Medical Director's Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_  
Please **print** Medical Director's name \_\_\_\_\_ **Telephone #** \_\_\_\_\_

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, IN THE  
COUNTY OF \_\_\_\_\_ STATE OF COLORADO.

Signature of Notary \_\_\_\_\_ My Commission Expires \_\_\_\_\_

[SEAL]

Chairman Initials - Date: 5.9.96  
Approved: ERA  
Disapproved: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Fund: \_\_\_\_\_

**PRE-INSPECTION CHECKLIST**

Prior to inspection, the following items must be completed and returned to appropriate county:

- \_\_\_\_\_ 1. **Application** for Ambulance Service License. Applicant and Medical Director signatures must be notarized.
- \_\_\_\_\_ 2. **Name & address** of each stockholder or partner owning 10% or more of the outstanding stock of the company, or having more than 10% ownership interest (if applicable).
- \_\_\_\_\_ 3. **List of current ambulances** including year, make, type, patient capacity for each vehicle
- \_\_\_\_\_ 4. **Certificate of Motor Vehicle Condition Form** (completed for each vehicle)
- \_\_\_\_\_ 5. **Certificate of Insurance** showing the required liability coverage:

<b>Statutory Worker's Compensation Insurance</b>	
<b>Public Liability, Property Damage, Bodily Injury</b>	
Each person	\$ 1,000,000
Each accident	\$ 2,000,000
<b>Property Damage</b>	
Each accident	\$ 1,000,000
<b>Professional Liability</b>	
Each person	\$ 1,000,000
Each accident	\$ 2,000,000

(Do not send the Evidence of Insurance card that is typically kept in the glove box)

- \_\_\_\_\_ 6. **Drug list** approved by the Medical Director/sponsor for use in the field (signed and dated by Medical Director). Please submit an approved drug list with ambulance inspection packet. Also, please provide a copy of approved drug list for each ambulance unit at time of inspection. **\*\*Please submit a separate drug list for ALS and BLS units\*\***
- \_\_\_\_\_ 7. **List of personnel** providing ambulance service (please list all levels of state certified EMT's and respective expiration dates)
- \_\_\_\_\_ 8. **List of locations** (central & sub-station), where ambulances will be located. Attach zoning authorization if appropriate.
- \_\_\_\_\_ 9. **Map of service area**
- \_\_\_\_\_ 10. **Check(s) or money order(s)** for fees to **Huerfano County**.

When all of the paperwork and fees are received by the appropriate counties, the Ambulance Inspector will be contacted. Inspector will contact the ambulance company to schedule the inspection.

**PLEASE MAKE SURE THAT YOUR AGENCY PROFILE IS CURRENT AND HAS BEEN SUBMITTED TO CDPHE**

Chairman Initials - Date: 5-9-16  
Approved: ERG  
Disapproved: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Fund: \_\_\_\_\_