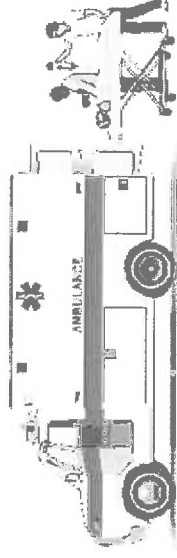


#9

Certification Requirements	State/County	Ambulance Drivers License	LADOT
National Registry Test	X		
CA EMT Certification		X	X
Background Check	X	X	X
DL51		X	X
CPR Card	X		X
H6		On File. See Link	X
CA Drivers License	X	X	X
Proof of right to work			X
Training Letter	X		X
Established Fee	\$160	\$25	\$194

Date: 02/28/2018
 Submitted in Public Safety Committee
 Council File No: 14-0529-51
 Item No. 9
 Deputy: Comm. from CD 13

Medical Transportation and Vehicle-For-Hire Driver or Attendant Permit Processing



STEP ONE - COMPANY

Prior to undergoing medical transportation and vehicle-for-hire driver or attendant permit processing by LADOT, you must be hired by a company permitted by the department to operate in the City of Los Angeles. Obtain a two-sided DRIVER/ATTENDANT PERMIT APPLICATION from your company, which has been signed by an authorized company representative whose signature is on file with LADOT. [Click here to download a PDF version of the Driver/Attendant Permit Application](#) — the application must be two-sided and remember to get an authorized company representative's original signature on the back!

STEP TWO - DMV

Go to the California Department of Motor Vehicles (DMV) and obtain a complete driving history report (“H6”) issued within the last 30 days. The report must state ‘End’ on last page. Limited driving history (“K4”) reports and reports obtained online are not accepted.

STEP THREE - LADOT

Begin the permit process by asking your company representative to contact the Department via e-mail to DOT.Franchise@lacity.org. Normal business hours are 9 a.m. to 12 p.m. and 1 p.m. to 3 p.m. Monday through Thursday. Same day appointments are not available. We are closed every Friday and on all City holidays. All applicants must appear in person and present the following original documents (no photocopies!) to obtain a new, renewal (non-expired) or replacement (lost/stolen/operator change) permit:

- Complete DRIVER / ATTENDANT PERMIT APPLICATION form signed by an authorized company representative
- Complete (DMV driving report) issued within the last 30 days (must state “End” on last page)-no online reports accepted
- Valid California Driver’s License, or CA I.D. card *for attendants only*



Medical Transportation Driver and Attendant Permit Processing Guide

Proof of right to work (i.e., Social Security Card without restrictions, U.S. birth certificate, U.S. passport (current or expired), Naturalization Certificate, Green Card, or other acceptable immigration or work authorization documents)

- Company letter regarding applicant's training on loading/unloading passengers, wheelchair restraints, etc. (new Ambulance and non-ambulatory applicants only)
- Payment of all non-refundable processing fees, including fingerprint fees for first-time permittees or those whose last permit expired more than three years ago. The current fee schedule is as follows: New w/ fingerprints (\$194); New-expired <3 years (\$106); Renewal -unexpired (\$146); or Replacement-lost/stolen/operator change (\$52); the fingerprint fee alone is \$88. All fees are subject to change. Processing fees are non-refundable and are required whether a permit is issued, denied, suspended, cancelled, or revoked.

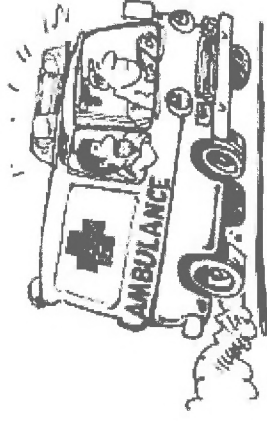
Acceptable methods of payment are check and credit/debit cards (Visa/MasterCard/Discover only). 3rd party checks or credit/debit cards are not acceptable. **Please note that we do not accept cash.** For questions regarding fees, contact the Department via e-mail at DOT.Franchise@lacity.org.

BACKGROUND CHECK: all applicants will be checked for outstanding parking tickets, which must be resolved prior to the issuance of any permit, and all applicants will be fingerprinted for a **CRIMINAL RECORD CHECK**. All applicants are required to disclose any and all convictions on their application, including those dismissed or expunged. Failure to disclose criminal convictions or submission of inaccurate dates of conviction is Falsification of Application and cause for the immediate denial, cancellation, or revocation of a permit and forfeiture of all fees paid. Board Order 600 discusses driving and criminal record requirements for non-taxi driver and attendant permit applicants as established by the Board of Transportation Commissioners. See Commission website for details.

In addition to the above, the following original documents are required depending on the type of permit requested:

Ambulance Driver

- Valid Medical Exam (DL-51) certificate
- Valid CA State-issued EMT-1 or above (i.e., Paramedic, RN, or LVN)
- Valid CA Ambulance Driver Certificate



Ambulance Attendant / Litter Van Driver/ Litter Van Attendant

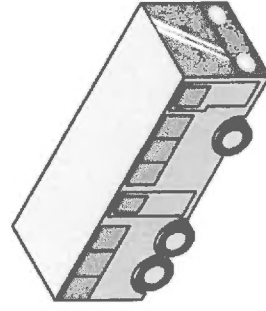
- Valid CA State-issued EMT -1 or above (i.e., Paramedic, RN, or LVN) card

Non-Ambulatory Driver / Non-Ambulatory Attendant

- Valid CPR and First Aid cards (Red Cross equivalent or EMT-1 or above)

Motor Bus Driver

- Valid Class B CA Driver's License
- Valid Medical Exam (DL-51) certificate



Note: All permits issued are conditional pending the department's receipt and review of an applicant's criminal history report from the CA Department of Justice and Federal Bureau of Investigation. Permits are the property of LADOT and must be returned upon expiration or in order to renew. Permits may be renewed up to 60 days prior to expiration. Applications to replace a lost or stolen permit must be accompanied by a police report.

QUESTIONS? HOW TO CONTACT LADOT

If you have any questions about the driver or attendant permitting process, or wish to submit an application to obtain authorization to provide medical transportation or other vehicle-for-hire service in the City of Los Angeles, contact the department via e-mail at DOT.Franchise@lacity.org or call our public line at (213) 928-9600. If you have questions regarding enforcement operations, please contact a Transportation Investigator via e-mail at DOT.Investigator@lacity.org.



EMT INITIAL CERTIFICATION APPLICATION LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY



APPLICATION – PRINT IN INK OR TYPE

Initial California Certification Fee - **\$160***

** The non-refundable fee must accompany this application. Check or Money Order made payable to "Los Angeles County DHS" The County charge will be imposed on all checks returned for non-sufficient funds. Do Not Send Cash.*

Mail application and required documents to: Los Angeles County EMS Agency
Office of Certification
10100 Pioneer Blvd, Suite 200
Santa Fe Springs, CA 90670

PERSONAL INFORMATION

Legal Name _____ SSN _____ - _____ - _____
 Last First M.I. Birth Date _____ - _____ - _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ - _____ - _____ e-mail _____

EMPLOYER

I am currently employed as an EMT Yes No If yes, complete company and contact information below
 Company _____ Contact _____ Phone _____ - _____ - _____

NOTE: Change of name, contact information, and/or employer must be submitted in writing to the EMS Agency within 30 days of change

REQUIREMENTS - All documents must be current and applicant shall provide copies of all documents to include the back of the BLS Card

Course Completion Certificate NOTE: Required training identified on the next line may be on your course completion certificate
 Required Training Basic Tactical Casualty Care (BTCC) - 4 hours Epinephrine Autoinjector Glucometer Naloxone **Mandatory after July 1, 2018**
 NREMT Card
 BLS for the Healthcare Provider Card BLS must be valid for a minimum of 3 months after certification date. Online BLS programs are NOT accepted.
 Government Issued Identification Driver License, Passport, or California I.D.
 Live Scan
Additional Requirement – Out of State Reciprocity
 State Certification

BACKGROUND DISCLOSURE

▶ **Have you ever been arrested or convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere (no contest) or any conviction which has been sealed or expunged (set aside) under Penal Code Section 1203.4?** Yes No
 ▶ **Are there any criminal charges pending against you?** Yes No
 If you answered yes to either of the above questions, attach a detailed written statement, signed and dated, describing the crime(s), date, location, court, sentence served, and parole, if any. Attach copies of all related records, court documents and police reports.

▶ **Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked, or placed on probation, or are you under investigation at this time?** Yes No
 If you answered yes, attach a detailed written statement, signed and dated, describing the investigation, action, any corrective action, and/or remediation as a result of the action.

▶ **Have you applied for EMT certification with another EMS Agency or Department in California within the previous 12 months? If yes, list location(s)** Yes No

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in the State of California. I understand all information on this application is subject to verification and I hereby give my express permission for Los Angeles County EMS Agency to contact any person or agency for information related to my application or role and function as an EMT in California.

Signature _____ **Date** _____

DO NOT WRITE BELOW THIS LINE
(For EMS Agency Use Only)

Application Documents	Application Fee	DOJ/FBI Report/Status	Certification Status
<input type="checkbox"/> Application Form Complete	Type : <input type="checkbox"/> Cash <input type="checkbox"/> Check	<input type="checkbox"/> DOJ Report Status	Application Status: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Probation
<input type="checkbox"/> Course Completion	CH # _____	<input type="checkbox"/> Clear <input type="checkbox"/> Delay <input type="checkbox"/> + CORI	Date ____/____/____ by _____
<input type="checkbox"/> NREMT Card	Date ____/____/____	<input type="checkbox"/> FBI Report Status	CA Certification # _____
<input type="checkbox"/> BLS for HCP	Amount Paid \$ _____	<input type="checkbox"/> Clear <input type="checkbox"/> Delay <input type="checkbox"/> + CORI	Effective Date ____/____/____
<input type="checkbox"/> Government Photo ID	DR # _____	<input type="checkbox"/> Written Statement	Expiration Date ____/____/____
<input type="checkbox"/> Live Scan	Received by _____	<input type="checkbox"/> Background Documents	Data Input: <input type="checkbox"/> PEPSI by _____
Mandatory Training July 1, 2018	Additional Fee Required _____	<input type="checkbox"/> EMS Clearance by _____	<input type="checkbox"/> Central Registry by _____
<input type="checkbox"/> BTCC – 4 hours		Date ____/____/____	Certification Mailed ____/____/____
<input type="checkbox"/> Epinephrine Auto-injector			
<input type="checkbox"/> Glucometer			
<input type="checkbox"/> Naloxone			
Additional Requirement			
<input type="checkbox"/> Out of State Certification			