

Profile Information

Profile Information

\*Profile Type

- ☒ Ground EMS
- ☐ Air Ambulance
- ☐ Designated Trauma Center
- ☐ Nondesignated Trauma Facility
- ☐ Education Program

\*Is this EMS agency a licensed ground ambulance service?

- ☒ Yes
- ☐ No

\*Select all counties where this agency is licensed:

Available

Adams

Alamosa

Arapahoe

Archuleta

Baca

Bent

Boulder

Broomfield

Chaffee

>>

>

<

<<

Selected

Grand

Select the RETAC that your organization is located in. Your primary Regional Emergency Medical and Trauma Services Advisory Council (RETAC) can be identified by using [this map](#).

\*Primary RETAC

Foothills RETAC

\*Legal Name

\*Federal Tax ID/Employer Identification Number

\*Organization Name

Organization Number (assigned after submission if blank)

\*Organization Phone

Organization Fax

**\*Organization Email**

**Organization Website**

Physical Address

**\*Street 1**

**Street 2**

**\*Postal Code**

**\*City**

Granby

**\*State**

Colorado

**\*County**

Grand

**\*Is your Shipping/Mailing Address the same as your Physical Address?**

☐ Yes

☒ No

Shipping Address

**\*Shipping Street 1**

**Shipping Street 2**

**\*Shipping Postal Code**

80446

**\*Shipping City**

Granby

**\*Shipping State**

Colorado

**\*Shipping County**

Grand

Emergency 24 Hour Contact

**\*Dispatch Center Name**

**\*Dispatch Center Contact Person**

[REDACTED]

**\*24/7 Contact Number**

[REDACTED] [REDACTED] [REDACTED]

**Data Administrator(s)**

Your organization must assign a Data Administrator via this form. The Data Administrator for your organization is the primary contact for data management and communication with the Emergency Medical and Trauma Services Branch of the Colorado Department of Public Health and the Environment.

The current Data Administrator for your organization is listed below. If you don't see a name in the "Search for a User" box below, a Data Administrator has not been added for your agency.

**To add a Data Administrator:**

1. Ensure the "Data Administrator" box below is checked.
2. Search for the user in the "Search for a User" box and click their name.

To change the listed Data Administrator, click "Remove" and follow the steps above. If you cannot find the Data Administrator in the box below, the Data Administrator does not have an OATH account and must create one so that their name can be populated in the "Search for a User" box.

For technical assistance, contact our office for assistance at 720-577-4696.

Position	Search for a User
<input checked="" type="checkbox"/> Data Administrator	[REDACTED]
<input checked="" type="checkbox"/> Data Administrator	[REDACTED]

**Medical Director(s)**

If the medical director is not listed or is incorrect below, please have your medical director complete a registration form in their OATH account.

The list below is system-generated; you are not able to edit it. The remove button does not actually remove the medical director from this profile.

This is informational only, you may continue working on this form.

**Medical Director**

[REDACTED]

**Need help?**

For technical assistance, please contact Andre Smith at [andrek.smith@state.co.us](mailto:andrek.smith@state.co.us).

**Services and Structure**

**Services and Structure**

**\*Organizational Tax Status**

Other (ex: Government) [dropdown arrow]

**\*Organization Type**

Governmental, Non-Fire [dropdown arrow]

**\*Organization Status**

Paid [dropdown arrow]

**\*Primary Type Of Service**

911 Response (Scene) with Transport Capability [dropdown arrow]

Other Type Of Service

Available

911 Response (Scene) with Transport Capability

911 Response (Scene) without Transport Capability

Air Medical

ALS Intercept

Community Paramedicine

Hazmat

Not Applicable

Not Recorded

Not Reporting

>>

>

<

<<

Selected

Critical Care (Ground)

Medical Transport (Convalescent, Interfacility Transf

Service Level

What level of provider can your service send to every call? This should be the level of service at which the agency provides EMS care for every request for service (the minimum level).

This should be the level of service at which the agency provides EMS care for every request for service (the minimum level).

\*Select below

- ☐ First Responder
- ☐ Emergency Medical Responder (EMR)
- ☒ EMT
- ☐ Advanced EMT
- ☐ EMT-Intermediate
- ☐ Paramedic
- ☐ Paramedic with Critical Care Endorsement
- ☐ Paramedic with Community Paramedicine Endorsement
- ☐ Nurse
- ☐ Physician
- ☐ Level I Trauma Center
- ☐ Level II Trauma Center
- ☐ Level III Trauma Center
- ☐ Level IV Trauma Center
- ☐ Level V Trauma Center
- ☐ Nondesignated Trauma Facility
- ☐ Recognized Education Program
- ☐ Non-Recognized Education Program

Which software vendor do you use for EMS trip reporting?

ESO Solutions - EHR

## System Participation

**\*Given typical conditions, please estimate how many EMS transport vehicles with appropriate staffing could this organization deploy to a state or national emergency outside of the local area?**

**\*Is your agency National Incident Management System (NIMS) compliant?**

☒ Yes

☐ No

## EMS Ground Billing Rates

**BLS Emergency - HCPCS Code A0429**

**ALS Emergency - HCPCS Code A0427**

**ALS Level 2 – HCPCS Code A0433**

**Specialty Care Transport – HCPCS Code A0434**

**Mileage Rate – HCPCS Code A0425**

## Personnel and Vehicles

### Personnel

Enter the number of people in your organization that perform or support EMS services. Please indicate how many of each type of personnel are part of this organization. Count each person only once.

**\*Emergency Medical Responder (EMR) Count**

**\*Emergency Medical Technician (EMT) Count**

**\*Advanced Emergency Medical Technician (AEMT) Count**

**\*EMT-Intermediate Count**

**\*Paramedic Count**

**\*Nurse Count**

**\*Physician Count**

**\*Administrative / Other Count**

One full-time equivalent (FTE) is an employee working 40 hours per week or 2080 hours per year .

\*Full-Time Equivalent Count

41

Does your organization have a prehospital PECC coordinator?

- ☐ Yes
- ☒ No

Vehicles

Please list the road vehicles that your organization uses to provide EMS response. Click the green "+" to add a vehicle.

Add a Vehicle	Vehicle Type	VIN	Unit Number	Call Sign	Year	Make	Model	Vehicle Specialty	Active
1GDE4V1968F404543	Ambulance	1GDE4V1968F404543	3025	Medic 7	2008	GMC	C4500	ALS	Yes
1FDWF37FX3EA10672	Ambulance	1FDWF37FX3EA10672	3018	Medic 9	2003	Ford	F350	ALS	Yes
1GCHK23K48F204119	Quick Response Vehicle (Non-Transport Vehicle other than Fire Apparatus)	1GCHK23K48F204119	3022	Unit 22	2008	Chevrolet	2500 Crew Cab	ALS	Yes
1FMJK1G55CEF39934	Quick Response Vehicle (Non-Transport Vehicle other than Fire Apparatus)	1FMJK1G55CEF39934	3034	Unit 34	2012	Ford	Expedition	ALS	Yes
1GDE4V1988F404415	Ambulance	1GDE4V1988F404415	3024	Medic 6	2008	GMC	C4500	ALS	Yes
1GNET13M082220182	Quick Response Vehicle (Non-Transport Vehicle other than Fire Apparatus)	1GNET13M082220182	3023	Unit 23	2008	Chevrolet	Trail Blazer	ALS	Yes
[New]	Ambulance	1FD0W4HT9MED56598	3002	MEDIC 1	2021	Ford	F450 PK	ALS	Yes
[New]	Ambulance	1FD0W4HT0MED56599	3004	MEDIC 3	2021	Ford	F450 PK	ALS	Yes
[New]	Ambulance	1FD0W4HT5MED56601	3006	MEDIC 2	2021	Ford	F450 PK	ALS	Yes
[New]	Quick Response Vehicle (Non-Transport Vehicle other than Fire Apparatus)	1FT7W2B66MED49750	3007		2021	Ford	F250 4X4	ALS	Yes
[New]	Quick Response Vehicle (Non-Transport Vehicle other than Fire Apparatus)	1FT7W2B68MED49751	3008		2021	Ford	F250 4X4	ALS	Yes
[New]	Quick Response Vehicle (Non-Transport Vehicle other than Fire Apparatus)	1FT7W2B6XMED49752	3009		2021	Ford	F250 4X4	ALS	Yes
[New]	Rescue	1GBE4E3989F413137	3016	ESU 16	2009	Chevrolet	C4500	ALS	Yes
[New]	Ambulance	1FDBW2XG9LKA77069	3044		2020	Ford	VAN	ALS	Yes
[New]	Ambulance	1FBDW2XG2LKB02412	3045		2020	Ford	VAN	ALS	Yes
[New]	Quick Response Vehicle (Non-Transport Vehicle other than Fire Apparatus)	1FTFW1E84MFB02689	3046		2021	Ford	F150 4X4	ALS	Yes
[New]	Quick Response Vehicle (Non-Transport Vehicle other than Fire Apparatus)	1FTFW1E84MFB02688	3047		2021	Ford	F150 4X4	ALS	Yes
[New]	ATV	4XATN55A6DA565292			2013	Other	POLARIS SPORTSMAN X2		Yes
[New]	ATV	4XATN5EA6EA594941			2014	Other	POLARIS SPORTSMAN 550		Yes
[New]	ATV	4XARF50A85D728882		RANGER 1	2005	Other	POLARIS RANGER		Yes
[New]	Snow Vehicle	SN1PK6FS88C355722			2008	Other	POLARIS		Yes
[New]	Snow Vehicle	SN1PK6FS58C355600			2008	Other	POLARIS		Yes
[New]	Snow Vehicle	4UF07SNW77T111022			2007	Other	ARTIC CAT 600		Yes

Attestation

Attestation

I attest that all information provided by me in this profile update is correct and true.

I understand and agree that the act of entering my username and password below constitutes my electronic signature on an electronic record for all purposes and shall have the same force and effect as if I had written my signature on paper. I further represent and warrant by my electronic signature that I am the individual whose name is registered to this account.

\*Signature

Signed on Oct 12, 2021 4:24:43 PM by 014984