



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: Wednesday, September 27th, 2023, 9:00AM

Department: Health & Human Services

Agenda Planning Date: 9/14/23

Time required: 15

☐ Audio/Visual aids

Contact: Sara Taylor

Phone: 503-585-4903

Department Head Signature:

TITLE

Public Hearing for Ambulance Service Area (ASA) Franchise Applications

Issue, Description & Background

The current term of the Marion County ASA franchise agreements will expire on 12/31/2023. The currently serving 10 service providers have submitted an application to continue their service through a franchise agreement/contract renewal. This renewal will be for a five year term beginning on January 1, 2024 and expiring on December 31, 2029.

Financial Impacts:

N/A

Impacts to Department & External Agencies

External EMS agencies who have their application approved, would be eligible to sign a franchise agreement/contract to provide service for a 5-year time period that would commence on January 1, 2024 and expiring on December 31, 2029.

Options for Consideration:

Approve ASA applications for service.
Deny ASA applications for service.

Recommendation:

The Administrator recommends the BOC to grant franchises to the Ambulance Providers in the attached memo.

List of attachments:

-Administrator's memo of recommendation.
The following applications for service:
ASA #1 City of Salem, Fire Department – Grant franchise
ASA #2 Keizer Fire District – Grant franchise
ASA #3 St. Paul Rural Fire Protection District – Grant franchise
ASA #4 Marion County Fire District #1 – Grant franchise
ASA #5 Woodburn Ambulance Service – Grant franchise
ASA #6 Lyons Rural Fire Protection District – Grant franchise
ASA #7 Santiam Memorial Hospital Ambulance – Grant franchise
ASA #8 Turner Rural Fire Protection District – Grant franchise
ASA #9 Jefferson Rural Fire Protection District – Grant franchise
ASA #10 Polk County Fire District #1 – Grant franchise

Presenter:

Katrina Griffith, Matt Neuvenheim



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Copies of completed paperwork sent to the following: (Include names and e-mail addresses.)

Copies to:

Katrina Griffith, kgriffith@co.marion.or.us
Matt Neuvenheim, mneuvenheim@co.marion.or.us



Marion County
OREGON
Health & Human Services

"Attachment A"

**BOARD OF
COMMISSIONERS**

Colm Willis, Chair
Danielle Bethell
Kevin Cameron

M E M O R A N D U M

TO: Marion County Board of Commissioners

FROM: Ambulance Service Area Administrator, Katrina Griffith

**CHIEF
ADMINISTRATIVE
OFFICER**
Jan Fritz

DATE: September 12th, 2023

RE: Recommendation for ASA Franchise Assignment

As of August 31st, 2023, all ten applications for Ambulance Service Area (ASA) Franchise Agreements have been reviewed. I am recommending the Board of Commissioners take the following action:

**HEALTH & HUMAN
SERVICES
ADMINISTRATOR**
Ryan Matthews

www.co.marion.or.us/HLT/

- ASA #1 City of Salem, Fire Department – Grant franchise
- ASA #2 Keizer Fire District – Grant franchise
- ASA #3 St. Paul Rural Fire Protection District – Grant franchise
- ASA #4 Marion County Fire District #1 – Grant franchise
- ASA #5 Woodburn Ambulance Service – Grant franchise
- ASA #6 Lyons Rural Fire Protection District – Grant franchise
- ASA #7 Santiam Memorial Hospital Ambulance – Grant franchise
- ASA #8 Turner Rural Fire Protection District – Grant franchise
- ASA #9 Jefferson Rural Fire Protection District – Grant franchise
- ASA #10 Polk County Fire District #1 – Grant franchise

BEFORE THE BOARD OF COMMISSIONERS

FOR MARION COUNTY, OREGON

In the Matter of Approving Ambulance
Service Area Franchise Applications

ORDER NO. _____

This matter came before the Marion County Board of Commissioners (“Board”) at its regularly scheduled public meeting on Wednesday, September 27, 2023, to consider the recommendations of the Ambulance Service Area (“ASA”) regarding applications for ASA franchises for the January 1, 2024 – December 31, 2029 period.

WHEREAS pursuant to Marion County Code (MCC) 5.20.120, upon receipt of the ASA Administrator's recommendation for ASA franchise applications, the Board must make an order granting, denying, or modifying the applications or attaching conditions thereto; and,

WHEREAS the Board is in receipt of the ASA Administrator's recommendation for the ASA applications for the ten ambulance service areas; and

WHEREAS the Board finds that the ten ambulance service providers recommended by the ASA Administrator are qualified to provide ambulance services in Marion County;

IT IS HEREBY ORDERED that applications for a new five-year contract, commencing on January 1, 2024 and expiring on December 31, 2029, are granted to the ten entities recommended by the ASA Administrator as listed in Attachment A to this order, which is incorporated herein by reference.

Order No. _____

DATED this _____ day of _____ 2023.

MARION COUNTY BOARD OF COMMISSIONERS

Chair

Commissioner

Commissioner



APPLICATION FOR AMBULANCE SERVICE AREA FRANCHISE

PLEASE CHECK, TYPE OR. PRINT THE APPROPRIATE RESPONSES.

Be sure to complete all items. Mail or hand deliver the completed application to: Marion County Health Department, 3180 Center St NE, Salem, OR 97301, Attn. Marion County ASA Administrator.

Application must be received by _____.

I. Ambulance Service Area You Are Applying to Serve:

II. Ambulance Service Information

Ambulance Service Name: _____

Other Business Names: _____

Parent Company / Owner _____

Mailing Address: _____

Type of Agency (Check one): ☐ Fire Dept/Dist. ☐ Municipal ☐ Hospital ☐ Private
☐ Other

Type of Ownership (Check one): ☐ Government ☐ Sole Proprietor ☐ Partnership ☐ Corporation
☐ Limited Liability Company ☐ Special District ☐ Other

Type of Service Provided (Check all that apply): ☐ Ground ☐ Marine ☐ Air

Medicare Provider Number:

Medicaid Provider Number:

III. Contact Information for Official Communications with Marion County

Name:

Address (If different from above):

Non-Emergency Phone and Fax

Email:

IV. Staffing

Type of Personnel Used (Check all that apply):

<input type="checkbox"/> EMR	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> EMT	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Advanced EMT	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Oregon Intermediate	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Paramedic	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Non-EMT Driver	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Pilot	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer

Level of Service Provided (Check all that apply):

<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided 24 hours-a-day,
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided only part of a 24 hour day.

EMS Training Director's Name:

EMS Training Director's Email:

V. Medical

Medical Director Information:

Medical Director's Name:

Medical Director's Email:

Signed Standing Orders: (Standing orders must have been signed within the past twelve months.)

<input type="checkbox"/> Signed standing orders for EMRs	Date signed:
<input type="checkbox"/> Signed standing orders for EMTs	Date signed:
<input type="checkbox"/> Signed standing orders for Advanced EMTs.	Date signed:
<input type="checkbox"/> Signed standing orders for Oregon Intermediates	Date signed:
<input type="checkbox"/> Signed standing orders for Paramedics	Date signed:

☐ Our medical director has authorized the purchase and use of controlled substances.

If checked, you must have a DEA license containing the name of your medical director and the name and address of your ambulance service.

Our DEA license has an expiration date of:

☐ Our medical director has authorized the use of blood glucose monitoring devised to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number:

Expiration Date:

VI. Proof of financial responsibility

Proof of general liability/umbrella insurance in the amount of not less than \$1,500,000 per occurrence and Auto insurance in the amount of not less than \$1,500,000 per accident and in the form of a certificate of insurance or letter from the carrier. Applicants may be self-insured. Attach a copy of current certificate of insurance or self insurance.

Ground Ambulance Liability:

Name of Insurance Company

Expiration Date:

Air Ambulance Liability:

Name of Insurance Company

Expiration Date:

Personnel Liability:

Name of Insurance Company:

Expiration Date:

VII. Briefly describe how you will provide /ensure 24/7 ALS ambulance service for your Ambulance Service Area. List and explain any subcontracts you have or anticipate having as part of your services. Describe your general approach to deployment and location of personnel and equipment as well as plans for surge capacity. (Use additional sheets if needed.)

VIII. Attach a staff roster including names, EMT level, certificate number, and expiration date.

IX. Attach a vehicle roster for all state ambulances. Include ambulance type and year.


STATEMENT OF TRUTH OF APPLICATION

Fire Chief Mike Niblock, being first duly sworn, depose and that I am an authorized agent of the entity that owns and operates the ambulance service described in this application

I certify that there has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service area franchise in the State of Oregon. Where I have relied upon documents submitted by employees/volunteers, I have made a reasonable effort to verify the validity of those documents.


Upon receiving an ambulance service area franchise from Marion County, I authorize disclosure of information by health care facilities, including but not limited to hospitals, nursing homes, or free standing medical centers, to the County relating to service provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

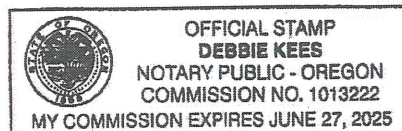
I have carefully read the application and answered the appropriate questions completely and without reservations, of any kind, and I declare under penalty of perjury that my answers, all statements made and documents provided by me herein are true and correct. Should I furnish any false information in this application. I hereby agree that such act shall constitute cause for the denial, suspension or revocation of this ambulance service area franchise to operate in the State of Oregon.



(Authorized Agent to sign in presence of Notary Public)

Subscribed and sworn to before me this 12th day of July, 2013 Notary Public
Notary Public for My Commission Expires
Seal


(Notary Signature)



Mail or hand deliver the completed application and all requested documents to the:

Attn: Marion County ASA Administrator
Marion County Health Department 3180
Center St. NE Salem OR 97301

Kyle McMann, Fire Chief
Marion County Fire District #1
300 Cordon Road NE
Salem, OR 97317

Mike Niblock, Fire Chief
Salem Fire Department
370 Trade Street SE
Salem, OR 97301

Ryan Russell, Fire Chief
Keizer Fire District
661 Chemawa Road NE
Keizer, OR 97303

June 29, 2023

Kevin Cameron
Marion County Commissioner
PO Box 14500
Salem, OR 97309

Danielle Bethell
Marion County Commissioner
PO Box 14500
Salem, OR 97309

Colm Willis
Marion County Commissioner
PO Box 14500
Salem, OR 97309

RE: Upcoming ASA Renewal Process

Dear Honorable Commissioners:

Our three agencies have been providing excellent public safety services for this part of Marion County for many years, including the delivery of emergency medical services under the individual Ambulance Service Areas assigned by Marion County.

Being located so closely, we rely on each other to provide the high level of service that the community deserves. We share many operational policies and are dispatched from the same 9-1-1 Center; we also share a medical protocol that defines the level of intervention that we can apply in the field to our critical patients, and we have a close working relationship with our hospital in Salem.


We all intend to submit renewal applications during the upcoming process to renew our respective ASA's. We are all in agreement that we will not contest the current borders of these assigned areas during this renewal period.

Looking forward to the continuation of providing excellence in EMS service delivery in our communities.

Respectfully,



Kyle McMann, Fire Chief, Marion County Fire District #1



Mike Niblock, Fire Chief, City of Salem Fire Department



Ryan Russell, Fire Chief, Keizer Fire District

cc: Katrina Griffith, MPH – Deputy Director, Marion County Health & Human Services



City of Salem Subcontractor Information

APPLICATION FOR AMBULANCE SERVICE AREA FRANCHISE

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Application must be received by _____.

I. Ambulance Service Area You Are Applying to Serve:

II. Ambulance Service Information

Ambulance Service Name: _____

Other Business Names: _____

Parent Company / Owner _____

Mailing Address: _____

Type of Agency (Check one): ☐ Fire Dept/Dist. ☐ Municipal ☐ Hospital ☐ Private
☐ Other

Type of Ownership (Check one): ☐ Government ☐ Sole Proprietor ☐ Partnership ☐ Corporation
☐ Limited Liability Company ☐ Special District ☐ Other

Type of Service Provided (Check all that apply): ☐ Ground ☐ Marine ☐ Air

Medicare Provider Number:

Medicaid Provider Number:

III. Contact Information for Official Communications with Marion County

Name:

Address (If different from above):

Non-Emergency Phone and Fax

Email:

IV. Staffing

Type of Personnel Used (Check all that apply):

<input type="checkbox"/> EMR	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> EMT	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
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<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Non-EMT Driver	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Pilot	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer

Level of Service Provided (Check all that apply):

<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided 24 hours-a-day.
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<input type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided 24 hours-a-day.
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EMS Training Director's Email:

V. Medical

Medical Director Information:

Medical Director's Name:

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Signed Standing Orders: (Standing orders must have been signed within the past twelve months.)

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<input type="checkbox"/> Signed standing orders for EMTs	Date signed:
<input type="checkbox"/> Signed standing orders for Advanced EMTs.	Date signed:
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<input type="checkbox"/> Signed standing orders for Paramedics	Date signed:

☐ Our medical director has authorized the purchase and use of controlled substances.

If checked, you must have a DEA license containing the name of your medical director and the name and address of your ambulance service.

Our DEA license has an expiration date of:

☐ Our medical director has authorized the use of blood glucose monitoring devised to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number:

Expiration Date:

VI. Proof of financial responsibility

Proof of general liability/umbrella insurance in the amount of not less than \$1,500,000 per occurrence and Auto insurance in the amount of not less than \$1,500,000 per accident and in the form of a certificate of insurance or letter from the carrier. Applicants may be self-insured. Attach a copy of current certificate of insurance or self insurance.

Ground Ambulance Liability:

Name of Insurance Company

Expiration Date:

Air Ambulance Liability:

Name of Insurance Company

Expiration Date:

Personnel Liability:

Name of Insurance Company:

Expiration Date:

VII. Briefly describe how you will provide /ensure 24/7 ALS ambulance service for your Ambulance Service Area. List and explain any subcontracts you have or anticipate having as part of your services. Describe your general approach to deployment and location of personnel and equipment as well as plans for surge capacity. (Use additional sheets if needed.)

VIII. Attach a staff roster including names, EMT level, certificate number, and expiration date.

IX. Attach a vehicle roster for all state ambulances. Include ambulance type and year.

FNA Staff Roster

7/10/2023

Name	Level	License #	Exp Date
Andersen, Joshua	EMT	207959	6/30/2025
Belknap, Nash	Paramedic	142477	6/30/2025
Bezley, Mark	EMT	200282	6/30/2025
Bin Daar, Khalid	EMT	203925	6/30/2025
Bite, Julia	Paramedic	202528	6/30/2025
Boies, Carol	EMT	201916	6/30/2025
Brock, Harlan	Paramedic	130699	6/30/2025
Brown, Johnathan	EMT	203859	6/30/2025
Canaga-Phillis, Jennifer	Paramedic	131321	6/30/2025
Cass, Holley (Finn)	EMT	208253	6/30/2025
Certain, James	Paramedic	205352	6/30/2025
Chambers, Hannah	EMT	207444	6/30/2025
Chan, Laiwah	Paramedic	134197	6/30/2025
Chapin, Karis	EMT	208079	6/30/2025
Christensen, Hunter	Paramedic	200748	6/30/2025
Cochran, Jacob	Paramedic	147509	6/30/2025
Connery, Mollie	Paramedic	145631	6/30/2025
Csintalan, Erica	EMT	201578	6/30/2025
Cunningham, Katrin (Kat)	EMT	207109	6/30/2025
Curiel, Martin	EMT	202890	6/30/2025
de Vos, Mark	EMT	206760	6/30/2025
DeWitt, Natalie	EMT	208169	6/30/2025
Emang, Greta	Paramedic	123699	6/30/2025
Everett, Kenzie	EMT	206623	6/30/2025
Fields, Taylor	EMT	205853	6/30/2025
Fuhs, Dylan	EMT	206205	6/30/2025
Fullmer, Elizabeth	Paramedic	128799	6/30/2025
Funrue, Charles	Paramedic	129923	6/30/2025
Genesis, Axel (Levi)	Paramedic	206912	6/30/2025
Gose, Oaklee	EMT	205473	6/30/2025
Gradt, Thomas	EMT	145456	6/30/2025
Gratsinger, Timothy	Paramedic	128082	6/30/2025
Gutierrez, Juan	Paramedic	203644	6/30/2025
Haddock, Branden	EMT	208367	6/30/2025
Hall, Zaryn	EMT	204974	6/30/2025
Harms, Jessica	Paramedic	202318	6/30/2025
Helt, Isaac	EMT	206869	6/30/2025
Hoffer, Victor	Paramedic	112029	6/30/2025
Johnson, Hannah	Paramedic	200373	6/30/2025
Johnson, Mikayla	EMT	201441	6/30/2025
Jones, Brian	Paramedic	145436	6/30/2025
Kirk, Emily	EMT	139085	6/30/2025
Kuhn, Nicole	Paramedic	206688	6/30/2025
Livengood, Jack	EMT	205901	6/30/2025

FNA Staff Roster

7/10/2023

Name	Level	License #	Exp Date
Lystrup, Matthias	EMT	204528	6/30/2025
Maceira, Abigail	EMT	205831	6/30/2025
Maldonado, Kenneth	EMT	207150	6/30/2025
Matlock, Heather	Paramedic	126391	6/30/2025
Melting, Grace	EMT	207826	6/30/2025
Mirgel, Karly	EMT	202833	6/30/2025
Mititiero, Alex	EMT	203558	6/30/2025
Okland, Christopher	EMT	146869	6/30/2025
Phillips, Andrew	EMT	204038	6/30/2025
Powers, Meriah	Paramedic	147227	6/30/2025
Pruitt, Madison	Paramedic	147723	6/30/2025
Richardson, Brandon	EMT	206434	6/30/2025
Santana, Leo	EMT	207622	6/30/2025
Sass, Eli	EMT	208305	6/30/2025
Schlicke, Candy	Paramedic	200089	6/30/2025
Simpson, Leslie	Paramedic	146570	6/30/2025
Snowden-Ifft, James	EMT	205763	6/30/2025
Thornburg, Christopher	Paramedic	203886	6/30/2025
Ulshafer, Kyle	Paramedic	146525	6/30/2025
Van Woy, Sarah	Paramedic	140900	6/30/2025
VanEpps, Nicholas	Paramedic	202261	6/30/2025
VanLeerdam, Philip	EMT	204046	6/30/2025
Vogel, Sophia	EMT	203654	6/30/2025
Waite, Patxi	EMT	201666	6/30/2025
Young, Kelsey	EMT	205344	6/30/2025

FNA Vehicle Roster

7/10/2023

VIN Number	Type	Permit #	Permit Levels	Make	Year	Status	Exp Date
1FDWE3FS4JDC17787	III	40963	Ground	Ford	2018	Active	6/30/2024
1FDWE3FSXHDC37469	III	40892	Ground	Ford	2017	Active	6/30/2024
1FDWE3FS3JDC14816	III	41323	Ground	Ford	2018	Active	6/30/2024
1FDWE3FS4JDC07776	III	41359	Ground	Ford	2018	Active	6/30/2024
WDAPF3CC1F9603972	III	40665	Ground	Mercedes	2014	Active	6/30/2024
WDAPF3CC3F9610356	III	40673	Ground	Mercedes	2015	Active	6/30/2024
WDAPF3CC9F9609129	III	40671	Ground	Mercedes	2015	Active	6/30/2024
WDAPF3CC5E9586396	III	40666	Ground	Mercedes	2014	Active	6/30/2024
WDAPF3CC2F9604435	III	40667	Ground	Mercedes	2015	Active	6/30/2024
WDAPF3CCE9578743	III	40663	Ground	Mercedes	2014	Active	6/30/2024
WDAPF3CC2F9608355	III	40669	Ground	Mercedes	2015	Active	6/30/2024
WDAPF3CC0F9604434	III	40664	Ground	Mercedes	2014	Active	6/30/2024
WDAPF3CC7F9610358	III	40676	Ground	Mercedes	2015	Active	6/30/2024
WDAPF3CCE9578904	III	40662	Ground	Mercedes	2014	Active	6/30/2024
WDAPF3CC5F9610357	III	40674	Ground	Mercedes	2015	Active	6/30/2024
1GB6G5CL3F1158817	III	40675	Ground	Chevrolet	2015	Active	6/30/2024
1GB6G5CL3F1159126	III	40672	Ground	Chevrolet	2015	Active	6/30/2024
Total	17						



**Oregon Health Authority
Emergency Medical Services and Trauma Systems**

Ambulance Service License
presented to

Falck Salem

License Number: 3451

1790 Front Street NE
Salem, OR 97301

Issue Date: 05/16/2023
Expiration Date: 06/30/2024

Pursuant to ORS 682 and OAR 250, this ambulance service license is valid unless suspended or revoked for violation of any statute under which issued, or any rule or regulation adopted by the Oregon Health Authority, EMS and Trauma Systems Program.

This license is not transferable and is restricted to the location and service listed on this license.

Oregon
Health
Authority

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

FALCK NORTHWEST CORP DBA FALCK SALEM
1790 FRONT ST NE
SALEM, OR 97301

CLIA ID NUMBER

38D2092515

EFFECTIVE DATE

03/06/2023

EXPIRATION DATE

03/05/2025

LABORATORY DIRECTOR

JENNIFER D PRATT

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.




Gregg Brandush, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

3148 Certs1_020723

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC5101097	08-31-2023	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	08-06-2020
CLOTHIER, BRIAN DAVID, MD FALCK NORTHWEST CORP DBA FALCK SALEM 1790 FRONT ST NE SALEM, OR 97301		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC5101097	08-31-2023	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	08-06-2020

CLOTHIER, BRIAN DAVID, MD
FALCK NORTHWEST CORP DBA FALCK SALEM
1790 FRONT ST NE
SALEM, OR 97301

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/22/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services, Inc. 3400 Overton Park Drive SE Suite 300 Atlanta, GA 30339	CONTACT NAME: Vera Neville	
	PHONE (A/C, No, Ext): 404 497-7500 FAX (A/C, No):	
	E-MAIL ADDRESS: vneville@mcgriff.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Lexington Insurance Company	19437
	INSURER B : Greenwich Insurance Company	22322
	INSURER C : XL Insurance America, Inc.	24554
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** SCKTUDG7 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	6798591	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 25,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		X	RAD500047607	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	N/A	RWD300095507	10/01/2022	10/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
							\$ \$ \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Agreement #223043

The City of Salem, Oregon, its officers, agents and emloyess are included as Additional Insured on the General Liability Policy and on the Automobile Liability as respects liability arising out of the use of a covered auto as required by written contract. Where Additional Insured status is given, the Automobile and General Liability coverages provided said Additional Insured is primary and non-contributory over any other in force and collectible coverage as required by written contract.

CERTIFICATE HOLDER

City of Salem
Contracts and Procurement Division
c/o Shawna Self
555 Liberty Street SE
Room 330
Salem, OR 97301-3513

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

PRODUCER McGriff Insurance Services, Inc.		INSURED Falck Northwest Corp. Falck USA, Inc.	
POLICY NUMBER		ISSUE DATE: 09/22/2022	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

NAMED INSURED INCLUDES:

American Ambulance, Inc., 6405 218th Street SW, Suite 201, Mountlake Terrace, WA 98043

Care Ambulance Services, Inc., 1517 West Braden Court, Orange, CA 92868

Care Ambulance Services, d/b/a Falck San Diego, 4885 Greencraig Lane, San Diego, CA 92123

Care Ambulance Services, d/b/a Falck US Corp., 1517 West Braden Court, Orange, CA 92868

Falck USA, Inc., 29045 Airport Dr., Romulus, MI 48174

Falck Mobile Health Corp., 1517 West Braden Court, Organ, CA 92868

Falck Mobile Health Corp., d/b/a Care Ambulance, 1517 West Braden Court, Orange, CA 92868

Falck Northern California Corp., 2190 S. McDowell Blvd., Petaluma, CA 94954

Falck Northwest Corp., 1517 W. Braden Court, Orange, CA 92868

Falck Northwest Corp., d/b/a Falck Northwest Salem, 1790 Front Street, NE, Salem, OR 97301

Falck Northwest Corp., 6405 218th Street, SW, Suite 201, Mountlake Terrace, WA 98043

Falck Rocky Mountain, Inc., 10703 E. Bethany Dr., Aurora, CO 80014

Falck Rocky Mountain, Inc., 1350, Building C, Unit B, South Park Rd., Denver, CO 80231

Falck Southeast II Corp. d/b/a American Ambulance Central Florida, 3747 Silver Star Rd., Orlando, FL 32808

Falck Southeast II Corp. d/b/a American Ambulance Services, 1517 West Braden Court, Orange, CA 92868

Falck Southeast II Corp. d/b/a American Ambulance Services, 6405 NW 74th Ave., Miami, FL 33166

Falck Southeast II Corp., 6605 NW 74th Ave., Miami, FL 33166

Falck Southeast II Corp., 1517 West Braden Court, Orange, CA 92868

Falck Southeast II Corp., d/b/a All County Ambulance, 4227 St. Lucie Blvd., Fort Pierce, FL 34946

Falck Southeast II Corp., d/b/a AMC Medical Transport, 6605 NW 7th Ave., Miami, FL 33166

LifeStar Response of Alabama, Inc., 1150 Panama Street, Montgomery, AL 36107

LifeStar Response of Alabama, Inc., d/b/a Care Ambulance, 1150 Panama Street, Montgomery, AL 36107

LifeStar Response of Alabama, Inc., d/b/a Care Ambulance, 400 Interstate Parkway Dr., Ste. 422, Montgomery, AL 36109

LifeStar Response of Alabama, Inc., d/b/a Care Ambulance, 3623 Calvin Drive, Columbus, GA 31904

LifeStar Response of Alabama, Inc., 400 Interstate Parkway Dr., Suite 422, Montgomery, AL 36109

LifeStar Response of Alabama, Inc., 6605 NW 74th Avenue, Miami, FL 33166

LifeStar Response of Maryland, Inc., 10840 Guilford Road., Suite 404, Annapolis Junction, MD 20701

Verihealth, Inc., 2190 S. McDowell Rd., Petaluma, CA 94954

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40963

Year: 2018

Make: Ford

VIN: 1FDWE3FS4JDC17787

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40892

Year: 2017

Make: Ford

VIN: 1FDWE3FSXHDC37469

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40924

Year: 2018

Make: Ford

VIN: 1FDWE3FS3JDC14816

Expiration Date: 06/30/2024

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Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 41359

Year: 2018

Make: Ford

VIN: 1FDWE3FS4JDC07776

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40665

Year: 2014

Make: Mercedes Benz

VIN: WDAPF3CC1F9603972

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40673

Year: 2015

Make: Mercedes Benz

VIN: WDAPF3CC3F9610356

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40671

Year: 2015

Make: Mercedes Benz

VIN: WDAPF3CC9F9609129

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40666

Year: 2014

Make: Mercedes Benz

VIN: WDAPF3CC5E9586396

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40667

Year: 2015

Make: Mercedes Benz

VIN: WDAPF3CC2F9604435

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40663

Year: 2014

Make: Mercedes Benz

VIN: WDAPF3CCE9578743

Expiration Date: 06/30/2024

Oregon Emergency Medical Services

800 NE Oregon Street, Suite 305, Portland OR 97232

LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40669

Year: 2015

Make: Mercedes Benz

VIN: WDAPF3CC2F9608355

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40664

Year: 2014

Make: Mercedes Benz

VIN: WDAPF3CC0F9604434

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40676

Year: 2015

Make: Mercedes Benz

VIN: WDAPF3CC7F9610358

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40662

Year: 2014

Make: Mercedes Benz

VIN: WDAPF3CCE9578904

Expiration Date: 06/30/2024

Oregon Emergency Medical Services

800 NE Oregon Street, Suite 305, Portland OR 97232

LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40674

Year: 2015

Make: Mercedes Benz

VIN: WDAPF3CC5F9610357

Expiration Date: 06/30/2024

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Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40675

Year: 2015

Make: Chevrolet

VIN: 1GB6G5CL3F1158817

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



Falck Salem

Type: Ground Ambulance

License Number: 40672

Year: 2015

Make: Chevrolet

VIN: 1GB6G5CL3F1159126

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES



Oregon Health Authority
Emergency Medical Services and Trauma Systems

Ambulance Service License
presented to

City of Salem

License Number: 2411

2742 25th Street SE
Salem, OR 97302

Issue Date: 05/02/2023
Expiration Date: 06/30/2024

Pursuant to ORS 682 and OAR 250, this ambulance service license is valid unless suspended or revoked for violation of any statute under which issued, or any rule or regulation adopted by the Oregon Health Authority, EMS and Trauma Systems Program.

This license is not transferable and is restricted to the location and service listed on this license.

Oregon
Health
Authority



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/12/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown 601 SW 2nd Avenue, Suite 1200 Portland, OR 97204 www.bbrown.com	CONTACT NAME: Michaelene Thomas PHONE (A/C No. Ext): 503-219-3290 FAX (A/C No): 503-914-5490 E-MAIL ADDRESS: michaelene.thomas@bbrown.com																					
INSURED City of Salem 295 Church Street SE, Suite 210 Salem OR 97301	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Safety National Casualty Corporation</td><td>15105</td></tr><tr><td>INSURER B:</td><td>Homesite Insurance Company of Florida</td><td>11156</td></tr><tr><td>INSURER C:</td><td>Kinsale Insurance Company</td><td>38920</td></tr><tr><td>INSURER D:</td><td>Lexington Insurance Company</td><td>19437</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Safety National Casualty Corporation	15105	INSURER B:	Homesite Insurance Company of Florida	11156	INSURER C:	Kinsale Insurance Company	38920	INSURER D:	Lexington Insurance Company	19437	INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER C:	Kinsale Insurance Company	38920																				
INSURER D:	Lexington Insurance Company	19437																				
INSURER E:																						
INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 75270257

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Law Enforcement Liability <input checked="" type="checkbox"/> Public Officials Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		SELF INSURED	7/1/2023	7/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:		SELF INSURED	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		XPR4068329	7/1/2023	7/1/2024	EACH OCCURRENCE \$5,000,000
B	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AMPFE0004101 (no law)	7/1/2023	7/1/2024	AGGREGATE \$5,000,000
C	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$1,000,000		01002470770 (excess law)	7/1/2023	7/1/2024	Law ex of Safety Nat'l \$5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	SP4066915	7/1/2023	7/1/2024	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Property		APIP2023	7/1/2023	7/1/2024	Policy limit: \$400,000,000 Special form, Actual Cash Value \$5,000 Equipment Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Verification of Coverage

CERTIFICATE HOLDER**CANCELLATION**

City of Salem 295 Church Street SE Suite 210 Salem OR 97301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Ron Cutter

SFD Staff Roster

7/10/2023

Name	License #	Level	Exp Date
Alt, Scott A	123708	Paramedic	6/30/2025
Amsberry, Kyle M	118953	Paramedic	6/30/2025
Anderson, Billy R	126373	Paramedic	6/30/2025
Armstrong, Jason L	119268	Paramedic	6/30/2025
Barnes, Shawn L	121846	Paramedic	6/30/2025
Barr, Luke D	131470	Paramedic	6/30/2025
Barringer, Desiree M	127413	Paramedic	6/30/2025
Baum, Dustin D	133608	Paramedic	6/30/2025
BEARD, JARED KIMBALL	200275	Paramedic	6/30/2025
Beaudoin, John Alexander	141413	Paramedic	6/30/2025
Beaudoin, Richard C	117267	Paramedic	6/30/2025
Bell, Jeff P	126046	Paramedic	6/30/2025
Bellarts, Seth T	135197	Paramedic	6/30/2025
Bielenberg, Ryan A	133087	Paramedic	6/30/2025
Bradley, Nicholas P	141672	Paramedic	6/30/2025
Breitbach, Sean M	120449	Paramedic	6/30/2025
Bridgehouse, Paul Bailey	124039	Paramedic	6/30/2025
Brown, David W	125007	Paramedic	6/30/2025
Brown, Kyle	201373	Paramedic	6/30/2025
Brown, Nathan J	202121	Paramedic	6/30/2025
Brown, Steven T	122252	Paramedic	6/30/2023
Brozovich, Matthew D	130144	Paramedic	6/30/2025
Buckley, Kelly A	125772	Paramedic	6/30/2025
Bullock, Tyler James	143960	Paramedic	6/30/2025
Burch, Morgan	205863	Paramedic	6/30/2025
Burt, Adam L	127396	Paramedic	6/30/2025
Campbell, Teresa Janet	125683	Paramedic	6/30/2025
Carrara, Brian L	130769	Paramedic	6/30/2025
Clark, Timothy A	128813	Paramedic	6/30/2025
Clarke, Cole N	137848	Paramedic	6/30/2025
Cochran, Cory S	131149	Paramedic	6/30/2025
Cole, Brian Kendall	200478	Paramedic	6/30/2025
Coleman, Nicholas A	135335	Paramedic	6/30/2025
Creech, Eric L	130426	Paramedic	6/30/2025
Crofts, Wyatt C	200354	Paramedic	6/30/2025
Davis, Dru D	133266	Paramedic	6/30/2025
Davis, Wyatt L	201399	Paramedic	6/30/2025
Dellenbach, Hayden S	146657	Paramedic	6/30/2025
Den, Kurtis P	123321	Paramedic	6/30/2025
Desmarteau, Peter D	139268	Paramedic	6/30/2025
Donahue, Alexander J	141947	Paramedic	6/30/2025
Elmer, Trevor J	120527	Paramedic	6/30/2025
Engels-Smith, Grayson J	145418	Paramedic	6/30/2025
Erwert, Andrew James	201423	Paramedic	6/30/2025

SFD Staff Roster

7/10/2023

Name	License #	Level	Exp Date
Ettel, Charles M	124043	Paramedic	6/30/2025
Ferrier, Steven M	123391	Paramedic	6/30/2025
Fimbres, Matthew M	200727	Paramedic	6/30/2025
Fitzgerald, Ian Ramey	125324	Paramedic	6/30/2025
Fosmark, Trevor S	123004	Paramedic	6/30/2025
Frank, Christopher B	141137	Paramedic	6/30/2025
George, Darrin M	123779	Paramedic	6/30/2025
Gescher, Zachery	204666	Paramedic	6/30/2025
Ghip, Vlad	203369	Paramedic	6/30/2023
Gibson, Sonny James	200379	Paramedic	6/30/2025
Giddings, William D	125232	Paramedic	6/30/2025
Glovatsky, Bryce Rawson	140208	Paramedic	6/30/2025
Godfrey, Edward R	124282	Paramedic	6/30/2025
Greenhill, Thomas Jarrett	142977	Paramedic	6/30/2025
Gregory, Justin D	140447	Paramedic	6/30/2025
Grice, Nicholas L	126123	Paramedic	6/30/2025
Grimmer Jr, Blair A	130404	Paramedic	6/30/2025
Grimmer, Andrew A	126867	Paramedic	6/30/2025
Guinan, Justin T	135823	EMT	6/30/2025
Gunesch, Tyrone S	122569	Paramedic	6/30/2025
Gunia, James M	123175	Paramedic	6/30/2025
Haag, Jared M	143647	Paramedic	6/30/2025
Hadley, Grant A	144603	Paramedic	6/30/2025
Hanna, Zachary S	146116	Paramedic	6/30/2025
Hansen, Brandon A	140841	Paramedic	6/30/2025
Hansen, Charles A	113829	Paramedic	6/30/2025
Hansen, Mark C	128057	Paramedic	6/30/2025
Harlan, Michael J	134240	Paramedic	6/30/2025
Harvey, Dylan G	142436	Paramedic	6/30/2025
Hasson, Michael M	131541	Paramedic	6/30/2025
Hess, Victor Paul	145806	Paramedic	6/30/2025
Hiskey, Joshua V	131855	Paramedic	6/30/2025
Hochderffer, Gerald W	122486	Paramedic	6/30/2025
Hoff, Brandon R	133163	Paramedic	6/30/2025
Hoffman, Adam M	122258	Paramedic	6/30/2025
Holestine, Kyle Edward	142330	Paramedic	6/30/2025
Hollis, Brian J	125931	Paramedic	6/30/2025
Hoopes, Michael B	128820	Paramedic	6/30/2025
Hordichok, Tyler S	132147	Paramedic	6/30/2025
Hyatt Jr, Phillip A	137488	Paramedic	6/30/2023
Jacobberger, Taylor C	143024	Paramedic	6/30/2025
Johnson, Brandon T	143659	Paramedic	6/30/2025
Jones, Christian	147239	Paramedic	6/30/2023
Kehrer, Allan W	144596	Paramedic	6/30/2025

SFD Staff Roster

7/10/2023

Name	License #	Level	Exp Date
Ketelson, Andrew Douglas	200844	Paramedic	6/30/2025
Kraus, Anthony Fredrick	205512	Paramedic	6/30/2025
Laatsch II, Michael A	133825	Paramedic	6/30/2025
Labrousse, Dustin M	144554	Paramedic	6/30/2025
Lake, Andrew J	134227	Paramedic	6/30/2025
LaMar, Robert E	125539	Paramedic	6/30/2025
Leavell, Scott G	138802	Paramedic	6/30/2025
Lee, Richard A	124230	Paramedic	6/30/2025
Lewis, Bryan L	135313	Paramedic	6/30/2025
Loop, Cody A	145287	Paramedic	6/30/2025
Lundborg, Jarret A	126629	Paramedic	6/30/2025
Mabie, Bradley J	133663	Paramedic	6/30/2025
Matheus, Luis Farith	200384	Paramedic	6/30/2025
McKee, Richard A	142491	Paramedic	6/30/2025
Mendel, Tyler G	144585	Paramedic	6/30/2025
Mengucci, Robert C	125714	Paramedic	6/30/2025
Merrick, Sarah T	129974	Paramedic	6/30/2025
Miller, Cody S	133292	Paramedic	6/30/2025
Miller, Matthew J	128162	Paramedic	6/30/2025
Miller, Scott C	126052	Paramedic	6/30/2025
Mitzel, Brian T	125334	Paramedic	6/30/2025
Monsrud, Andrew D	143651	Paramedic	6/30/2025
Murray, Raymond T	119217	EMT	6/30/2025
Nelson, Eric B	143630	Paramedic	6/30/2025
Novikov, Vladimir A	134420	Paramedic	6/30/2025
Nuttman, Jeffrey D	120546	Paramedic	6/30/2025
OConnell, William B	138565	Paramedic	6/30/2025
Ohlgren, Silas Miles	133028	Paramedic	6/30/2025
Ohrt, Nathan L	128064	Paramedic	6/30/2025
Oliveros, Gerardo A	141460	Paramedic	6/30/2025
Olvera-Godinez, David	147526	Paramedic	6/30/2025
Ottele, Nicholas R	127275	Paramedic	6/30/2025
Pacheco, Michael A	200093	Paramedic	6/30/2025
Paris, Bradley A	200000	EMT	6/30/2025
Partain, Holden	147646	Paramedic	6/30/2025
Patrick, Michael P	128832	Paramedic	6/30/2025
Paulsen, Christopher D	127475	Paramedic	6/30/2025
Pope, Timothy James	142007	Paramedic	6/30/2025
Rathburn, Lucas Joseph	138985	Paramedic	6/30/2025
Richardson, Paul A	116801	Paramedic	6/30/2025
Riesterer, Colby J	144997	Paramedic	6/30/2025
Rivera, Andrew G	143859	Paramedic	6/30/2025
Robbins, Jason R	126671	Paramedic	6/30/2025
Robinson, Thomas Irby	138487	Paramedic	6/30/2025

SFD Staff Roster

7/10/2023

Name	License #	Level	Exp Date
Ross, Ryan S	127947	Paramedic	6/30/2025
Rudkin, Loren D	127281	Paramedic	6/30/2025
Russell, Taylor Joseph	201617	Paramedic	6/30/2025
Salvage, Jeremy B	128611	Paramedic	6/30/2025
Salvage, Zachary Russell	200285	Paramedic	6/30/2025
Sanchez-Lopez, Bryan	146037	Paramedic	6/30/2025
Schaffer, Robert D	128612	Paramedic	6/30/2025
Schoof, Aaron T	124885	Paramedic	6/30/2025
Sessa, Jakob P	146391	Paramedic	6/30/2025
Shaw, Patrick L	124424	Paramedic	6/30/2025
Shore, Matthew D	129861	Paramedic	6/30/2025
Silence, Brandon A	129547	Paramedic	6/30/2025
Sines, Nicholas James	133203	Paramedic	6/30/2025
Snodgrass, Andrew	201768	Paramedic	6/30/2025
South, Danny L	139348	Paramedic	6/30/2025
Steffen, Daniel L	138468	Paramedic	6/30/2025
Stephenson, Frank P	121996	Paramedic	6/30/2025
Stepman, Brent G	132474	Paramedic	6/30/2025
Stewart, Michael L	124070	Paramedic	6/30/2025
Stoops, Douglas R	126637	Paramedic	6/30/2025
Strawn, Wesley R	146609	Paramedic	6/30/2025
Taylor, Chris B	131347	Paramedic	6/30/2025
Tinney, Jeremy G	124241	Paramedic	6/30/2025
Trierweiler, James P	123279	Paramedic	6/30/2025
Van Bishler, Nicholas A	126059	Paramedic	6/30/2025
Von Derahe, Cord B	121545	Paramedic	6/30/2025
Wagoner, Clint L	137847	Paramedic	6/30/2025
Wakem, Jordan D	145477	EMT	6/30/2025
Weaver, Steven Michael	145801	Paramedic	6/30/2025
Welling, Cody G	135092	Paramedic	6/30/2025
West, Gary L	125054	Paramedic	6/30/2025
Westerman IV, Jack	134932	Paramedic	6/30/2025
Whitworth, Jeffrey L	143048	Paramedic	6/30/2025
Williams, Nicklaus E	143191	Paramedic	6/30/2025
Williams, Ronnie L	128847	Paramedic	6/30/2025
Wilson, Sean Thomas	203081	Paramedic	6/30/2025
Zaluskey, Jeffrey R	122978	Paramedic	6/30/2025
Zubov, Dmitriy S	136878	Paramedic	6/30/2025

OREGON



E

M

S

City of Salem

Type: Ground Ambulance

License Number: 40135

Year: 2002

Make: International

VIN: 1HTMNAAM13H552853

Expiration Date: 06/30/2024

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



E

M

S

City of Salem

Type: Ground Ambulance

License Number: 40136

Year: 2002

Make: International

VIN: 1HTMNAAMX3H552849

Expiration Date: 06/30/2024

Oregon Emergency Medical Services

800 NE Oregon Street, Suite 305, Portland OR 97232

LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON



E

M

S

City of Salem

Type: Ground Ambulance

License Number: 41323

Year: 2002

Make: International

VIN: 1HTMNAAMX3H552852

Expiration Date: 06/30/2024

Oregon Emergency Medical Services

800 NE Oregon Street, Suite 305, Portland OR 97232

LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

SFD Vehicle Roster

7/10/2023

VIN Number	Type	Permit #	Permit Levels	Make	Year	Status
1HTMNAAMX3H552849	III	40136	Ground	International	2002	Active
1HTMNAAM13H552853	III	40135	Ground	International	2002	Active
1HTMNAAMX3H552852	III	41323	Ground	International	2002	Active

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

SALEM FIRE DEPARTMENT EMS DIVISION
2742 25TH ST SE
SALEM, OR 97302

LABORATORY DIRECTOR

BRIAN L CARRARA

CLIA ID NUMBER

38D0724562

EFFECTIVE DATE

01/01/2022

EXPIRATION DATE

12/31/2023

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Regina S. Van Brakle

Regina S. Van Brakle, Acting Director
Division of Clinical Laboratory Improvement & Quality
Quality, Safety & Oversight Group
Center for Clinical Standards and Quality

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION
NUMBER

THIS REGISTRATION
EXPIRES

FEE
PAID

RS0360949

02-29-2024

Exempt

SCHEDULES

BUSINESS ACTIVITY

ISSUE DATE

4

CHEMPACK/SNS DISTRIBUTOR

01-23-2023

SALEM FIRE/EMS DIVISION- CHEMPACK
OREGON PUBLIC HEALTH DIVISION
2742 25TH ST SE
SALEM, OR 973021108

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY,
AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC0302199	08-31-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	PRACTITIONER	08-22-2022
CLOTHIER, BRIAN DAVID, MD SALEM EMERGENCY PHYSICIANS 890 OAK ST SE EMERGENCY DEPARTMENT SALEM, OR 973013905		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC0302199	08-31-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	PRACTITIONER	08-22-2022
CLOTHIER, BRIAN DAVID, MD SALEM EMERGENCY PHYSICIANS 890 OAK ST SE EMERGENCY DEPARTMENT SALEM, OR 973013905		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



APPLICATION FOR AMBULANCE SERVICE AREA FRANCHISE

PLEASE CHECK, TYPE OR. PRINT THE APPROPRIATE RESPONSES.

Be sure to complete all items. Mail or hand deliver the completed application to: Marion County Health Department, 3180 Center St NE, Salem, OR 97301, Attn. Marion County ASA Administrator.

Application must be received by September 4, 2023 @ 11:59 PM.

I. Ambulance Service Area You Are Applying to Serve: 2

II. Ambulance Service Information

Ambulance Service Name: Keizer Rural Fire Protection District

Other Business Names: DBA - Keizer Fire District

Parent Company / Owner _____

Mailing Address: 661 Chemawa Road NE

Keizer, OR 97303

Type of Agency (Check one): ☒ Fire Dept/Dist. ☐ Municipal ☐ Hospital ☐ Private
☐ Other

Type of Ownership (Check one): ☐ Government ☐ Sole Proprietor ☐ Partnership ☐ Corporation
☐ Limited Liability Company ☒ Special District ☐ Other

Type of Service Provided (Check all that apply): ☒ Ground ☐ Marine ☐ Air

Medicare Provider Number: 139365

Medicaid Provider Number: R100194

III. Contact Information for Official Communications with Marion County

Name: Brian Butler, Division Chief

Address (If different from above):

Non-Emergency Phone and Fax: 503-390-9111 503-390-8299

Email: bbutler@keizerfire.com

IV. Staffing

Type of Personnel Used (Check all that apply):

<input checked="" type="checkbox"/> EMR	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> EMT	<input checked="" type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Advanced EMT	<input checked="" type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Oregon Intermediate	<input checked="" type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Paramedic	<input checked="" type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Non-EMT Driver	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input type="checkbox"/> Pilot	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer

Level of Service Provided (Check all that apply):

<input checked="" type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided only part of a 24 hour day.

EMS Training Director's Name: Hector Blanco, Division Chief

EMS Training Director's Email: hblanco@keizerfire.com

V. Medical

Medical Director Information:

Medical Director's Name: Dr. Lazeni Koulibali

Medical Director's Email: lazeni90@gmail.com

Signed Standing Orders: (Standing orders must have been signed within the past twelve months.)

<input checked="" type="checkbox"/> Signed standing orders for EMRs	Date signed: March 1, 2023
<input checked="" type="checkbox"/> Signed standing orders for EMTs	Date signed: March 1, 2023
<input checked="" type="checkbox"/> Signed standing orders for Advanced EMTs.	Date signed: March 1, 2023
<input checked="" type="checkbox"/> Signed standing orders for Oregon Intermediates	Date signed: March 1, 2023
<input checked="" type="checkbox"/> Signed standing orders for Paramedics	Date signed: March 1, 2023

☒ Our medical director has authorized the purchase and use of controlled substances.

If checked, you must have a DEA license containing the name of your medical director and the name and address of your ambulance service.

Our DEA license has an expiration date of: BK9705318 Exp: 12/31/2023

☒ Our medical director has authorized the use of blood glucose monitoring devised to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number: 38D0703041

Expiration Date: 12/31/2023

VI. Proof of financial responsibility

Proof of general liability/umbrella insurance in the amount of not less than \$1,500,000 per occurrence and Auto insurance in the amount of not less than \$1,500,000 per accident and in the form of a certificate of insurance or letter from the carrier. Applicants may be self-insured. Attach a copy of current certificate of insurance or self insurance.

Ground Ambulance Liability:

Name of Insurance Company: Special Districts Association of Oregon

Expiration Date: 01/01/2024

Air Ambulance Liability:

Name of Insurance Company:

Expiration Date:

Personnel Liability:

Name of Insurance Company: Special Districts Association of Oregon

Expiration Date: 01/01/2024

VII. Briefly describe how you will provide /ensure 24/7 ALS ambulance service for your Ambulance Service Area. List and explain any subcontracts you have or anticipate having as part of your services. Describe your general approach to deployment and location of personnel and equipment as well as plans for surge capacity. (Use additional sheets if needed.)

Keizer Fire District (KFD) provides three full-time (24/7) ALS ambulances, backed up by one 24/7 ALS engine company and a second 12/7 ALS engine company. One ambulance is located at 8005 Wheatland Road N in MCFD#1's Clear Lake Fire Station. This provides a quick response into North Keizer and provides MCFD#1 an additional ambulance in their North response area. The balance of the ambulances are located at KFD's main station at 661 Chemawa Road NE. This is the exact center of the City of Keizer and provides for our excellent response times within the city.

KFD has a fourth, reserve ambulance. This unit is able to be staffed using engine company, or off-duty personnel, at a moments notice if the system as a whole becomes busy or has a major event, causing the system to have no available ambulances. Further, this ambulance is staffed to provide additional ambulance coverage for events in the Keizer area where the population may swell, including the Iris Festival Parade, Keizer Light Parade, etc.

KFD is partner to the Marion County Ambulance Service Area Mutual Aid Agreement. This ensures that if KFD has no available ambulances that a medic unit from a neighboring agency will be dispatched to Keizer to respond to the emergency. Further, KFD shares an "automatic" response with Marion County Fire District #1 and Salem Fire Department (covered by Falck Ambulance). Meaning, if a KFD ambulance is not available, the CAD system automatically dispatches the closest ambulance from either MCFD#1 or Salem Fire. There is no delay trying to find an available ambulance.

KFD requires an "automatic" response from our neighbors approximately 10 times per month, with our engine company providing a first response.



VIII. Attach a staff roster including names, EMT level, certificate number, and expiration date.

Attached

IX. Attach a vehicle roster for all state ambulances. Include ambulance type and year.

1501 - 2015 Freightliner M2 106
1601 - 2016 Freightliner M2 106
2001 - 2020 Freightliner M2 106
2002 - 2020 Freightliner M2 106

All ambulances are identical and identified by their vehicle number. These ambulances are rotated to provide for even wear and tear, thus they each spend time as Medic 35, 36, 37 or 38.

Name	Number	Level	Expiration Date	Status
Alderson, Andrew William	133589	Paramedic	6/30/2025	Active
Alsum, Isaiah Ethan	204318	Paramedic	6/30/2025	Active
Ashlock, Amber E	147337	Paramedic	6/30/2025	Active
Blanco, Hector R	141421	EMT	6/30/2025	Active
Brozovich, Rachel E	133033	Paramedic	6/30/2025	Active
Butler, Brian J	121206	Paramedic	6/30/2025	Active
Coburn, Timothy David	119418	EMT-Intermediate	6/30/2025	Active
Cook, Steven L	146852	Paramedic	6/30/2025	Active
Dryden, Matt R	138542	Advanced EMT	6/30/2025	Active
Endicott, Justin M	146114	Paramedic	6/30/2025	Active
Farrand, Nathaniel Alan	203204	Paramedic	6/30/2025	Active
Finnerty, Casey R	200116	Paramedic	6/30/2025	Active
Frazier, Jerome Kelby	125029	EMT-Intermediate	6/30/2025	Active
Fuller, Darrell William	203731	EMR	6/30/2024	Active
Gaither-Lyell, Ian Thomas	203272	Paramedic	6/30/2025	Active
Gallinger, Jeffrey B	127252	Paramedic	6/30/2025	Active
Gillette, Layne Robert	200658	Paramedic	6/30/2025	Active
Glaede, Daniel Warren	202113	Paramedic	6/30/2025	Active
Grant, Arianna	207377	EMT	6/30/2025	Active
Herring, William P	131333	EMT	6/30/2025	Active
Jensen Jr, Michael L	132659	Paramedic	6/30/2025	Active
Juarez, Miguel A	147200	Paramedic	6/30/2025	Active
Kennen, Aaron O	140261	Paramedic	6/30/2025	Active
Koulibali DO, Lazen	DO26795	Medical Director		Active
Kruger, Brett William	145425	Paramedic	6/30/2025	Active
Leaton, Dakota J	147374	Paramedic	6/30/2025	Active
Lemmon, Dustin Kenneth	132384	Paramedic	6/30/2025	Active
Loan, Brian	204883	EMT	6/30/2025	Active
MacPherson, Jacob	207876	EMT	6/30/2025	Active
McClung, Theodore A	138202	Paramedic	6/30/2025	Active
McCormick, Brittany R	204061	Paramedic	6/30/2025	Active
McCullough, Evan Ray	207209	EMT	6/30/2025	Active
Miley, Eric Thomas	202859	Paramedic	6/30/2025	Active
Olheiser, Eric	204493	Paramedic	6/30/2025	Active
Perkins, Jason T	145938	EMT	6/30/2025	Active
Pittis, Aaron R	129977	Paramedic	6/30/2025	Active
Ragsdale, Brandon R	205226	EMT	6/30/2025	Active
Riordan, Trevor Alexander	208304	EMT	6/30/2025	Active
Russell, Ryan J	127054	Paramedic	6/30/2025	Active
Santoyo, Christina M	130190	Paramedic	6/30/2025	Active
Sorenson, Erik Nathaniel	207782	EMT	6/30/2025	Active
Storms, Anne Marie	128810	EMT	6/30/2025	Active
Thorne, Christopher John	137468	Paramedic	6/30/2025	Active
Wilson, Christina M	134221	Paramedic	6/30/2025	Active
Zammarelli, Christopher J	143683	Paramedic	6/30/2025	Active

STATEMENT OF TRUTH OF APPLICATION

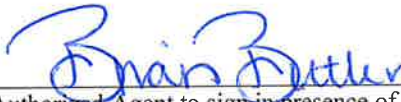
Brian Butler

, being first duly sworn, depose and that I am an authorized agent of the entity that owns and operates the ambulance service described in this application

I certify that there has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service area franchise in the State of Oregon. Where I have relied upon documents submitted by employees/volunteers, I have made a reasonable effort to verify the validity of those documents.

Upon receiving an ambulance service area franchise from Marion County, I authorize disclosure of information by health care facilities, including but not limited to hospitals, nursing homes, or free standing medical centers, to the County relating to service provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

I have carefully read the application and answered the appropriate questions completely and without reservations, of any kind, and I declare under penalty of perjury that my answers, all statements made and documents provided by me herein are true and correct. Should I furnish any false information in this application. I hereby agree that such act shall constitute cause for the denial, suspension or revocation of this ambulance service area franchise to operate in the State of Oregon.



(Authorized Agent to sign in presence of Notary Public)

Subscribed and sworn to before me this July 25th day of , 20 **23**

Notary Public

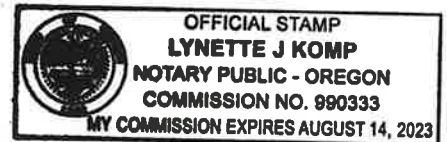
Notary Public for

My Commission Expires
Seal



(Notary Signature)

07/25/2023



Mail or hand deliver the completed application and all requested documents to the:

Attn: Marion County ASA Administrator
Marion County Health Department 3180
Center St. NE Salem OR 97301



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/19/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

R BAUER INSURANCE, INC.
PO BOX 20070
KEIZER, OR 97307-0070

CONTACT NAME: Rico Ramirez
PHONE (A/C, No, Ext): (503)588-0095 FAX (A/C, No): (503)588-0421
E-MAIL ADDRESS: rico@rbauer.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Special Districts Assoc of Oregon

INSURER B: Saif Corporation

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

KEIZER RURAL FIRE DISTRICT
661 CHEMAWA RD NE
KEIZER, OR 97303

COVERAGES

CERTIFICATE NUMBER: 00002212-491531

REVISION NUMBER: 13

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			38P52618-714	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			38P52618-714	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	100056381	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	PROFESSIONAL LIAB			38P52618-714	01/01/2023	01/01/2024	EACH OCCUR \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

INSURED COPY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(RAR)

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Kyle McMann, Fire Chief
Marion County Fire District #1
300 Cordon Road NE
Salem, OR 97317

Mike Niblock, Fire Chief
Salem Fire Department
370 Trade Street SE
Salem, OR 97301

Ryan Russell, Fire Chief
Keizer Fire District
661 Chemawa Road NE
Keizer, OR 97303

June 29, 2023

Kevin Cameron
Marion County Commissioner
PO Box 14500
Salem, OR 97309

Danielle Bethell
Marion County Commissioner
PO Box 14500
Salem, OR 97309

Colm Willis
Marion County Commissioner
PO Box 14500
Salem, OR 97309

RE: Upcoming ASA Renewal Process

Dear Honorable Commissioners:

Our three agencies have been providing excellent public safety services for this part of Marion County for many years, including the delivery of emergency medical services under the individual Ambulance Service Areas assigned by Marion County.

Being located so closely, we rely on each other to provide the high level of service that the community deserves. We share many operational policies and are dispatched from the same 9-1-1 Center; we also share a medical protocol that defines the level of intervention that we can apply in the field to our critical patients, and we have a close working relationship with our hospital in Salem.

We all intend to submit renewal applications during the upcoming process to renew our respective ASA's. We are all in agreement that we will not contest the current borders of these assigned areas during this renewal period.

Looking forward to the continuation of providing excellence in EMS service delivery in our communities.

Respectfully,



Kyle McMann, Fire Chief, Marion County Fire District #1



Mike Niblock, Fire Chief, City of Salem Fire Department



Ryan Russell, Fire Chief, Keizer Fire District

cc: Katrina Griffith, MPH – Deputy Director, Marion County Health & Human Services



APPLICATION FOR AMBULANCE SERVICE AREA FRANCHISE

PLEASE CHECK, TYPE OR. PRINT THE APPROPRIATE RESPONSES.

Be sure to complete all items. Mail or hand deliver the completed application to: Marion County Health Department, 3180 Center St NE, Salem, OR 97301, Attn. Marion County ASA Administrator.

Application must be received by September 5, 2023 @ 5:00 PM.

I. Ambulance Service Area You Are Applying to Serve: 3

II. Ambulance Service Information

Ambulance Service Name: St Paul Rural Fire Protection District

Other Business Names: _____

Parent Company / Owner _____

Mailing Address: P.O. Box 1
St Paul, Or 97132

Type of Agency (Check one): ☒ Fire Dept/Dist ☐ Municipal ☐ Hospital ☐ Private
☐ Other

Type of Ownership (Check one): ☐ Government ☐ Sole Proprietor ☐ Partnership ☐ Corporation
☐ Limited Liability Company ☒ Special District ☐ Other

Type of Service Provided (Check all that apply): ☒ Ground ☐ Marine ☐ Air

Medicare Provider Number: R136084

Medicaid Provider Number: 165792

III. Contact Information for Official Communications with Marion County

Name: Bryan G. Lee - Fire Chief

Address (If different from above): _____

Non-Emergency Phone and Fax _____

Email: _____

IV. Staffing

Type of Personnel Used (Check all that apply):

<input type="checkbox"/> EMR	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> EMT	<input type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input type="checkbox"/> Advanced EMT	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Oregon Intermediate	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Paramedic	<input type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Physician	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input type="checkbox"/> Non-EMT Driver	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Pilot	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer

Level of Service Provided (Check all that apply):

<input checked="" type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided only part of a 24 hour day.

EMS Training Director's Name: **Dan Mullen - Assistant Fire Chief**
 EMS Training Director's Email: **spfd.mullen@outlook.com**

V. Medical

Medical Director Information:

Medical Director's Name: **John Heiser, MD**

Medical Director's Email: **john.heiser@stpaulfire.org**

Signed Standing Orders: (Standing orders must have been signed within the past twelve months.)

<input type="checkbox"/> Signed standing orders for EMRs	Date signed:
<input checked="" type="checkbox"/> Signed standing orders for EMTs	Date signed: 01/01/2023
<input type="checkbox"/> Signed standing orders for Advanced EMTs.	Date signed:
<input checked="" type="checkbox"/> Signed standing orders for Oregon Intermediates	Date signed: 01/01/2023
<input checked="" type="checkbox"/> Signed standing orders for Paramedics	Date signed: 01/01/2023

☒ Our medical director has authorized the purchase and use of controlled substances.

If checked, you must have a DEA license containing the name of your medical director and the name and address of your ambulance service.

Our DEA license has an expiration date of: **10/25/2025**

☒ Our medical director has authorized the use of blood glucose monitoring devised to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number: **38D0924884**

Expiration Date: **12/13/2023**

VI. Proof of financial responsibility

Proof of general liability/umbrella insurance in the amount of not less than \$1,500,000 per occurrence and Auto insurance in the amount of not less than \$1,500,000 per accident and in the form of a certificate of insurance or letter from the carrier. Applicants may be self-insured. Attach a copy of current certificate of insurance or self insurance.

Ground Ambulance Liability:

Name of Insurance Company: Wilson Heirgood

Expiration Date: 01/01/2024

Air Ambulance Liability:

Name of Insurance Company:

Expiration Date:

Personnel Liability:

Name of Insurance Company: Wilson Heirgood

Expiration Date: 07-01-2024

VII. Briefly describe how you will provide /ensure 24/7 ALS ambulance service for your Ambulance Service Area. List and explain any subcontracts you have or anticipate having as part of your services. Describe your general approach to deployment and location of personnel and equipment as well as plans for surge capacity. (Use additional sheets if needed.)

1. **Staffing and Scheduling:** The Ambulance Service will have enough trained paramedics and emergency medical technicians (EMTs) to cover all shifts around the clock. This will require a combination of full-time, part-time, and on-call staff to ensure continuous coverage. Minimum Ambulance staffing is one Paramedic and one EMT to provide 24/7 Advanced Life Support.
2. **Dispatcher System:** METCOM provides an efficient dispatch system that can effectively manage and allocate ambulance resources in real time based on the urgency of the calls and proximity to incidents.
3. **Ambulance Fleet:** Maintain a fleet of ALS-equipped ambulances with modern medical equipment to deliver high-quality care during emergencies.
4. **Partnerships and Subcontracts:** Collaborate with hospitals, medical facilities, private and public ambulance services to create a network of support.
5. **Continuous Training:** Regularly train and update personnel on the latest medical procedures and protocols to ensure the highest level of care. Our physician advisor and EMS training Chief provide this training.
6. **Surge Capacity Planning:** We have developed a comprehensive surge capacity plan to handle mass casualties or large-scale emergencies. This plan involves coordination with neighboring ambulance services and fire departments and is automatically implemented using CAD (computer-aided dispatching).
7. **Community Education:** Conduct public awareness campaigns and community education programs to promote a better understanding of when to call for emergency services and when to use alternative healthcare options. Community philanthropy involving community members working together and leveraging community resources to better address challenges or improve the community's quality of life is a big part of our department. Examples include our crews providing CPR training to the school children in our district and providing ALS coverage at the high school football games are just a couple of activities we provide to our community.



VIII. Attach a staff roster including names, EMT level, Certificate number and expiration date.

Personel	Level	License #	Expiration
Audritch, Miranda	P	202205	6/30/2025
Brentano, Tessa	B	204217	6/30/2025
Corum, Cheryl	P	116920	6/30/2025
Danial, Mark	B	200503	6/30/2025
Dolan, Patrick	B	127596	6/30/2025
Frketich, Brenda	I	134251	6/30/2025
Glovatsky, Brice	P	140208	6/30/2025
Godfrey, Reed	P	124282	6/30/2025
Harrington, Cole	P	203216	6/30/2025
Heiser, John MD	MD	MD15596	
Hesselgesser, McKinzie	B		
Hiller, Joseph	P	202439	6/30/2025
Hockett, Bryan	B	139271	6/30/2025
Hoffer, Victor	B	112029	6/30/2025
Hoffman, Adam	P	122258	6/30/2025
Holland, Jeffery	P	145672	6/30/2025
Kempfer, Madison	P	200758	6/30/2025
Lee, Bryan	P	118508	6/30/2025
McCarthy, Philip	B	134433	6/30/2025
McDermott, Steven	P	129035	6/30/2025
Merten, Rose	B	139163	6/30/2025
Mullen, Daniel	P	130386	6/30/2025
Paul, Bianca	P	145933	6/30/2025
Pohlschneider, Andrew	I	130788	6/30/2025
Sheets MaryAnn	P	131591	6/30/2025

Shelton, Mark	P	127709	6/30/2025
Shore, Amanda	P	133114	6/30/2025
Trask, Brent	B	205328	6/30/2025
Vachter, Christopher	P	133614	6/30/2025
Williams, Elliot	P	135125	6/30/2025
Williams, Ronnie	P	128847	6/30/2025
Whaley, Morgan	P	147220	6/30/2025

IX. Attach a vehicle roster for all state ambulances. Include type and year.

Year	Manufacture	VIN	Type	License	Call Sign
2009	International	1-HTMYSKM3AH177721	1	E-248857	M-753
2004	Freightliner	1-FVACWCS74HM54642	1	E-269299	M-763

STATEMENT OF TRUTH OF APPLICATION

Bryan G. Lee

, being first duly sworn, depose and that I am an authorized agent of the entity that owns and operates the ambulance service described in this application

I certify that there has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service area franchise in the State of Oregon. Where I have relied upon documents submitted by employees/volunteers, I have made a reasonable effort to verify the validity of those documents.

Upon receiving an ambulance service area franchise from Marion County, I authorize disclosure of information by health care facilities, including but not limited to hospitals, nursing homes, or free standing medical centers, to the County relating to service provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

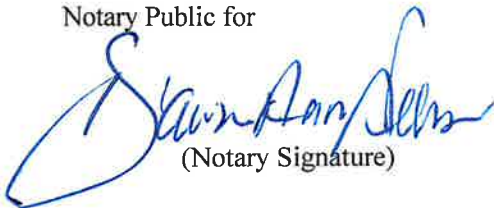
I have carefully read the application and answered the appropriate questions completely and without reservations, of any kind, and I declare under penalty of perjury that my answers, all statements made and documents provided by me herein are true and correct. Should I furnish any false information in this application. I hereby agree that such act shall constitute cause for the denial, suspension or revocation of this ambulance service area franchise to operate in the State of Oregon.

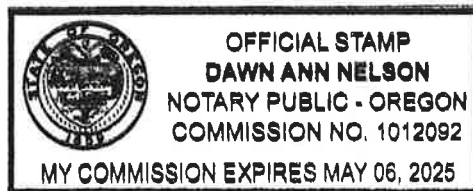

(Authorized Agent to sign in presence of Notary Public)

Subscribed and sworn to before me this 7 day of August, 2023 Notary Public

Notary Public for

My Commission Expires 5/6/25
Seal


(Notary Signature)



Mail or hand deliver the completed application and all requested documents to the:

Attn: Marion County ASA Administrator
Marion County Health Department 3180
Center St. NE Salem OR 97301



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/07/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WHA Insurance Agency 2930 Chad Drive Eugene OR 97408		CONTACT NAME: Karisa Cary PHONE (A/C, No, Ext): (800) 852-6140 FAX (A/C, No): (541) 342-3786 E-MAIL ADDRESS: kcary@whainsurance.com	
INSURED St Paul RFPD PO Box 1 St Paul OR 97137		INSURER(S) AFFORDING COVERAGE INSURER A: Special Districts Assoc of OR INSURER B: SAIF Corporation INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 1119 36196	

COVERAGES **CERTIFICATE NUMBER:** 23-24 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			38P52842	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 5,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
			MED EXP (Any one person) \$				
			PERSONAL & ADV INJURY \$				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ None
							PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			38P52842	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
							Excess Auto Liability \$ 4,500,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	100056957	07/01/2023	07/01/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
			E.L. EACH ACCIDENT \$ 1,000,000				
			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
			E.L. DISEASE - POLICY LIMIT \$ 1,000,000				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Vehicle information: 2010 International Ambulance VIN: 1HTMYSKM3AH177721, Value: \$200,000.00 Comp/Collision Deductibles: \$1,000/\$1,000

2004 Freightliner Ambulance VIN: 1FVACWCS74HM54642, Value: \$30,000.00 Comp/Collision Deductibles: \$1,000/\$1,000

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Karisa Cary



APPLICATION FOR AMBULANCE SERVICE AREA FRANCHISE

PLEASE CHECK, TYPE OR. PRINT THE APPROPRIATE RESPONSES.

Be sure to complete all items. Mail or hand deliver the completed application to: Marion County Health Department, 3180 Center St NE, Salem, OR 97301, Attn. Marion County ASA Administrator.

Application must be received by September 4, 2023 @ 11:59 PM.

I. Ambulance Service Area You Are Applying to Serve: 4

II. Ambulance Service Information

Ambulance Service Name: Marion County Fire District No. 1
Other Business Names: NA
Parent Company / Owner: SAA
Mailing Address: 300 Cordon Rd NE
Salem, Oregon 97317

Type of Agency (Check one): ☒ Fire Dept/Dist. ☐ Municipal ☐ Hospital ☐ Private
☐ Other

Type of Ownership (Check one): ☐ Government ☐ Sole Proprietor ☐ Partnership ☐ Corporation
☐ Limited Liability Company ☒ Special District ☐ Other

Type of Service Provided (Check all that apply): ☒ Ground ☐ Marine ☐ Air

Medicare Provider Number: R0000RGCLY

Medicaid Provider Number: 114855

III. Contact Information for Official Communications with Marion County

Name: Kyle McMann, Fire Chief

Address (If different from above):

Non-Emergency Phone and Fax: 503-588-6526, 503-588-6537-fax

Email: kylem@mcfcd1.com

IV. Staffing

Type of Personnel Used (Check all that apply):

<input checked="" type="checkbox"/> EMR	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> EMT	<input checked="" type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Advanced EMT	<input checked="" type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Oregon Intermediate	<input checked="" type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Paramedic	<input checked="" type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Non-EMT Driver	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Pilot	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer

Level of Service Provided (Check all that apply):

<input checked="" type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input checked="" type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided 24 hours-a-day,
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided only part of a 24 hour day.

EMS Training Director's Name: Michael Berger - Battalion Chief/EMS Chief

EMS Training Director's Email: michaelb@mcf1.com

V. Medical

Medical Director Information:

Medical Director's Name: Dr. Marc Houston

Medical Director's Email: marc.houston@gmail.com

Signed Standing Orders: (Standing orders must have been signed within the past twelve months.)

<input checked="" type="checkbox"/> Signed standing orders for EMRs	Date signed: February 1, 2023
<input checked="" type="checkbox"/> Signed standing orders for EMTs	Date signed: February 1, 2023
<input checked="" type="checkbox"/> Signed standing orders for Advanced EMTs.	Date signed: February 1, 2023
<input checked="" type="checkbox"/> Signed standing orders for Oregon Intermediates	Date signed: February 1, 2023
<input checked="" type="checkbox"/> Signed standing orders for Paramedics	Date signed: February 1, 2023

☐ Our medical director has authorized the purchase and use of controlled substances.

If checked, you must have a DEA license containing the name of your medical director and the name and address of your ambulance service.

Our DEA license has an expiration date of:

☒ Our medical director has authorized the use of blood glucose monitoring devised to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number: 38D0706482

Expiration Date: 12/31/2023

VI. Proof of financial responsibility

Proof of general liability/umbrella insurance in the amount of not less than \$1,500,000 per occurrence and Auto insurance in the amount of not less than \$1,500,000 per accident and in the form of a certificate of insurance or letter from the carrier. Applicants may be self-insured. Attach a copy of current certificate of insurance or self insurance.

Ground Ambulance Liability:

Name of Insurance Company Special Districts Association of Oregon

Expiration Date: 12/31/2023

Air Ambulance Liability:

Name of Insurance Company Not Applicable

Expiration Date: Not Applicable

Personnel Liability:

Name of Insurance Company: Special Districts Association of Oregon

Expiration Date: 12/31/2023

VII. Briefly describe how you will provide /ensure 24/7 ALS ambulance service for your Ambulance Service Area. List and explain any subcontracts you have or anticipate having as part of your services. Describe your general approach to deployment and location of personnel and equipment as well as plans for surge capacity. (Use additional sheets if needed.)

See Attached Document

VIII. Attach a staff roster including names, EMT level, certificate number, and expiration date.

See Attached Document

IX. Attach a vehicle roster for all state ambulances. Include ambulance type and year.

See Attached Document



Application for Ambulance Service Area Franchise

Section VII. Briefly describe how you will provide /ensure 24/7 ALS ambulance service for your Ambulance Service Area. List and explain any subcontracts you have or anticipate having as part of your services. Describe your general approach to deployment and location of personnel and equipment as well as plans for surge capacity. (Use additional sheets if needed.)

Marion County Fire District No. 1 will ensure 24/7 ALS coverage through dedicated staffing of (4) strategically placed Ambulances throughout ASA unit #4. With Joint Labor/Management and minimum staffing agreements in place, Marion County Fire District No. 1 ensures that the (4) first-line ALS Ambulances are staffed 365 days a year through contractual personnel overtime and mandated accountability.

Marion County Fire District No. 1 does not sub-contract for services. Through joint/signed mutual aid agreements, ASA #4 ambulance coverage as well as our ability to assist neighboring agencies in time of needs in their ASA's, is covered 24/7/365 days a year and is through automatic dispatching programs.

The strategic deployment of Marion County Fire District No. 1's (4) ALS Ambulances focus on the "core" of ASA unit #4, along with the north portion of the ASA. Marion County Fire District No. 1 has internally designated ASA #4 into 3 areas: North, Central and South. With strategic placement in the highly-populated core (Eastern Area of Salem), each Ambulance is stationed for the focus of short response times to our high-population sections. Two ALS Ambulances are stationed at the Four Corners Fire Station located at 300 Cordon Rd NE (South), One ALS Ambulance at the Middle Grove/Chemeketa Fire Station (Central) and One ALS Ambulance at the Clear Lake Fire Station (North Keizer), North Area. Strategic dynamic deployment continues as Ambulances are dispatched out of the assigned area. When the Central and South ALS Ambulances are dedicated, the North ambulance is "moved up" Central to provide a closer ambulance for a broader population. Likewise, when North and Central Ambulances are dedicated, a South Ambulance moves up. These strategic, dynamic movements occur through designed CAD capabilities through Willamette Valley Communications Center dispatch. Strategic deployment of the ALS Ambulances are also in coordination with our full time staffed (2) ALS career Engine Companies, several BLS volunteer companies and (1) BLS/ILS/ALS On-Duty Battalion Chief.

For Surge Capacity, Ambulances will move Central as stated above through dynamic positioning. Existing Mutual Aid & Automatic Aid Agreements are utilized when surge capacity is required within ASA #4. Marion County Fire District No. 1 also has a staffing plan for Administrative day staff (ALS capable) to put reserve (5th or 6th) ambulances into service. MCFD 1 currently has 3 ALS Reserve Ambulances as needed for repairs or surge capacity. Marion County Fire District No. 1 will also put out an "emergency response" page to off-duty personnel to staff apparatus for MCI, natural disasters or any other situations as deemed needed by Chief Officers.

Name	Number	Level	Issued Date	Expiration Date	Status
Bjorklund, Mark J	122931	Paramedic	4/20/2023	6/30/2025	Active
Frost, Jennifer Lynne	203892	Emergency Medical Technician	4/25/2023	6/30/2025	Active
Jurgens, Troy A	121788	Emergency Medical Technician	5/9/2023	6/30/2025	Active
Kettering, Jon H	130584	Oregon EMT-Intermediate	5/15/2023	6/30/2025	Active
Peters, Timothy J	203145	Paramedic	3/7/2023	6/30/2025	Active
Storms, Keith A	124239	Paramedic	4/20/2023	6/30/2025	Active
Tootle, Bradley M	144271	Paramedic	5/9/2023	6/30/2025	Active
Rios Valdez, Miguel De Jesus	205549	Emergency Medical Technician	6/2/2023	6/30/2025	Active
Wisneski, John Michael	206549	Paramedic	4/12/2023	6/30/2025	Active
Marlow, Nick E	145457	Oregon EMT-Intermediate	4/17/2023	6/30/2025	Active
Gilbert, Derek A	135951	Emergency Medical Technician	5/9/2023	6/30/2025	Active
Kraemer, Jeremy T	144447	Paramedic	5/26/2023	6/30/2025	Active
Covington, Aaron Joseph	202157	Paramedic	5/9/2023	6/30/2025	Active
Tinker, Michael E	128215	Paramedic	4/13/2023	6/30/2025	Active
Murayama, Noah Shane	200286	Paramedic	5/1/2023	6/30/2025	Active
Olheiser, Eric	204493	Paramedic	5/26/2023	6/30/2025	Active
Chapman, William Johnathon	204137	Emergency Medical Technician	5/31/2023	6/30/2025	Active
Philp, Mark A	115190	Paramedic	6/1/2023	6/30/2025	Active
DeFabis, Vincent Michael	206372	Emergency Medical Technician	4/4/2023	6/30/2025	Active
Woodley, Brian Eugene	135557	Advanced EMT	4/4/2023	6/30/2025	Active
Ouchida, Heather	203715	Emergency Medical Technician	5/9/2023	6/30/2025	Active
Hoffer, Victor James	112029	Paramedic	4/4/2023	6/30/2025	Active
Ryan, Suzanna R	129180	Paramedic	5/26/2023	6/30/2025	Active
Boyer, Kris A	118742	Emergency Medical Technician	4/13/2023	6/30/2025	Active
Olson, Samuel M	144227	Advanced EMT	4/25/2023	6/30/2025	Active
Owens, Llewellyn P	145279	Emergency Medical Technician	4/13/2023	6/30/2025	Active
Leaton, Jonathan Charles	147373	Emergency Medical Technician	5/26/2023	6/30/2025	Active
Imburgia, James J	206206	Emergency Medical Technician	5/9/2023	6/30/2025	Active

Redman, Chase Demetrio	140108 Paramedic	5/15/2023	6/30/2025 Active
Massari, Ethan T	139861 Paramedic	5/5/2023	6/30/2025 Active
hook, madason marie	203986 Emergency Medical Technician	4/20/2023	6/30/2025 Active
Kottek, Cory J	129031 Paramedic	4/24/2023	6/30/2025 Active
Royer, Jacob Earl	203274 Emergency Medical Technician	4/10/2023	6/30/2025 Active
Manriquez, Aliza	205930 Emergency Medical Technician	5/30/2023	6/30/2025 Active
Houston DO, Marc Roy	DO25184 Doctor of Osteopathic Medicine	6/16/2022	Active
Dacar, Eleanor Elizabeth	203710 Emergency Medical Technician	4/17/2023	6/30/2025 Active
Wyatt, Sarah	204228 Emergency Medical Technician	7/21/2021	6/30/2023 Active
Seaton, Scott S	130767 Paramedic	5/10/2023	6/30/2025 Active
Pearson, Dustin Warren	201277 Emergency Medical Technician	4/13/2023	6/30/2025 Active
Mulhern, James Patrick	123823 Paramedic	4/10/2023	6/30/2025 Active
Ramsdell Jr, Mark Lauren	129692 Paramedic	4/20/2023	6/30/2025 Active
Deleon, Juan D	125774 Paramedic	5/9/2023	6/30/2025 Active
Peterson, Bret M	123845 Paramedic	5/31/2023	6/30/2025 Active
Anderson, Michael J	130362 Paramedic	4/10/2023	6/30/2025 Active
Wildfang, Scott L	128078 Paramedic	5/9/2023	6/30/2025 Active
McMann, Kyle G	123339 Paramedic	5/9/2023	6/30/2025 Active
Berger, Michael J	130377 Paramedic	4/4/2023	6/30/2025 Active
Smith, Paula E	117903 Emergency Medical Technician	5/11/2021	6/30/2023 Expired
Barnett, Seth A	138480 Paramedic	4/13/2023	6/30/2025 Active
Gazeley, Jared B	141721 Paramedic	5/31/2023	6/30/2025 Active
Smith, Stephen S	118859 Paramedic	6/3/2021	6/30/2023 Expired
Matthews, Alyson Marie	206244 Emergency Medical Technician	4/24/2023	6/30/2025 Active
Bentz, Matthew J	140845 Paramedic	5/15/2023	6/30/2025 Active
Bui, Dana Nathaniel Joyo	204610 Paramedic	4/17/2023	6/30/2025 Active
Dodson, Alisha Ann	146239 Paramedic	4/20/2023	6/30/2025 Active
Varcoe, Melissa Jane	128825 Emergency Medical Technician	6/14/2021	6/30/2023 Expired
Blegen, Timothy James	207427 Emergency Medical Technician	5/9/2023	6/30/2025 Active

Esch, Donald Ralph	101887	Emergency Medical Responder	6/28/2022	6/30/2024	Active
Leja, David T	135278	Emergency Medical Technician	5/9/2023	6/30/2025	Active
Dunn, Troy Allen	205079	Emergency Medical Technician	4/26/2021	6/29/2023	Active
Hofmann, Makenzie J	145497	Paramedic	6/15/2023	6/30/2025	Active
Maxwell, Donald C	114857	Emergency Medical Technician	4/17/2023	6/30/2025	Active
Kjeldgaard, Caroline Elizabeth	204771	Paramedic	5/9/2023	6/30/2025	Active
Kavanagh, Kendra M	133828	Paramedic	4/13/2023	6/30/2025	Active
Lee, Ronald L	122261	Paramedic	5/10/2023	6/30/2025	Active
Nelson, Kelby E	131752	Paramedic	4/24/2023	6/30/2025	Active
Stewart, Jacob M	138535	Paramedic	4/4/2023	6/30/2025	Active
Gaylord, Mitchell Scott	202941	Paramedic	4/10/2023	6/30/2025	Active
Frare, Patrick J	134311	Paramedic	5/9/2023	6/30/2025	Active
Whaley, Morgan Rose	147220	Paramedic	5/22/2023	6/30/2025	Active
Martin, Jerold Kent	206220	Emergency Medical Responder	5/18/2022	6/30/2024	Active
Payne, Gibsen	207101	Emergency Medical Technician	4/4/2023	6/30/2025	Active
Wiesner, Steven M	136931	Emergency Medical Technician	5/9/2023	6/30/2025	Active
Coffey, Morgan M	146775	Emergency Medical Technician	4/4/2023	6/30/2025	Active
Kempfer, Robert Allan	201260	Paramedic	4/4/2023	6/30/2025	Active
Iwaniw, Aaron Issac	132452	Paramedic	4/10/2023	6/30/2025	Active
Smith, Haydn C	204269	Paramedic	6/22/2023	6/30/2025	Active
Chambers, William K	121407	Paramedic	4/24/2023	6/30/2025	Active
Taylor, Izaiya Fungalei	204509	Paramedic	5/30/2023	6/30/2025	Active
Doeden, Greg A	123161	Paramedic	4/25/2023	6/30/2025	Active
Coussens, Cory S	133816	Paramedic	4/20/2023	6/30/2025	Active
Arrellin Lara, Emanuel	200609	Emergency Medical Technician	4/12/2023	6/30/2025	Active

MCFD 1
Ambulance Listing

Type	Year	Make	VIN	License #	Expiration Date
Ground Ambulance	2016	International	1HTJSSKK3FH704117	40077	6/30/2024
Ground Ambulance	2021	Freightliner	3ALACWFD4MDMP9890	40113	6/30/2024
Ground Ambulance	2021	Freightliner	3ALACWFD5MDMP9891	41295	6/30/2024
Ground Ambulance	2014	Ford	1FDUF4HT0DEA13731	41317	6/30/2024
Ground Ambulance	2014	Ford	1FDUF4HT2DEA13732	41318	6/30/2024
Ground Ambulance	2015	International	1HTJSSKKXFH704115	40061	6/30/2024
Ground Ambulance	2015	International	1HTJSSKK1FH704116	40062	6/30/2024

VIN Number	Call Sign	Permit Numb	Permit Levels	Make	Year	Status
3ALACWFD6MDMP9891	M31	41295	Ground	Freightliner	2021	Active
3ALACWFD4MDMP9890	M32	40113	Ground	Freightliner	2021	Active
1FDUF4HT0DEA13731	M71	41317	Ground	Ford	2014	Active
1HTJSSKK1FH704116	M30	40062	Ground	International	2015	Active
1HTJSSKKXFH704115	M34	40061	Ground	International	2015	Active
1HTJSSKK3FH704117	M33	40077	Ground	International	2016	Active
1FDUF4HT2DEA13732	M72	41318	Ground	Ford	2014	Active

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS**

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

MARION COUNTY FIRE DISTRICT #1
LABORATORY
300 CORDON RD NE
SALEM, OR 97317

LABORATORY DIRECTOR

MARC HOUSTON, DO

CLIA ID NUMBER

38D0706482

EFFECTIVE DATE

01/01/2022

EXPIRATION DATE

12/31/2023

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address above (and other approved locations) may accept human specimens for the purpose of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Regina S. Van Brulle
Regina S. Van Brulle, Acting Director
Division of Clinical Laboratory Improvement & Quality
Quality, Safety & Oversight Group
Center for Clinical Standards and Quality

Introduction to Protocols

These patient care protocols will go into effect 2/1/23 for EMRs, EMTs, and Paramedics of (Agency/Agencies) Marion County Fire Dist #1

These protocols, we believe, are the best of their type. Where evidence has been available, the Protocol Development Committee has diligently evaluated the material and drafted protocols that will assist us in providing excellent patient care. Where evidence is lacking, we have relied on best practices, expert advice and consensus to guide the development of the protocol or procedure. These protocols are reviewed on a regular basis and updated when necessary to reflect advances in the art and science pertaining to the care of the acutely ill and injured.

Remember that these protocols are guidelines. EMS is performed in a stressful environment with time-critical decisions and no specific patient care matrix can be developed that will cover every type of injury, illness, and complicating circumstance that EMT providers will encounter while providing on-scene care. It is our expectation that providers will use these protocols in conjunction with their training and experience to do what is best for each patient. From time to time, it is expected that circumstances will arise that are not covered within these protocols. In such instances, providers should function within their scope of practice and use all available resources (including On-Line Medical Control) to provide the best possible patient care.

Thanks to everyone who has aided in protocol development and review. Anything that is complex and includes detail is prone to errors. Please review these protocols carefully and route any potential errors, unclear directions, or suggestions for improvement to your agency's EMS Office.

Finally, we thank every one of you for your dedication and commitment every day to providing the best possible prehospital medical care to the citizens of our respective communities.

Medical Director Name Dr. Margaret Houston

Medical Director Signature M. Houston Date 2/1/23

STATEMENT OF TRUTH OF APPLICATION

Kyle G McMann

, being first duly sworn, depose and that I am an authorized agent of the entity that owns and operates the ambulance service described in this application

I certify that there has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service area franchise in the State of Oregon. Where I have relied upon documents submitted by employees/volunteers, I have made a reasonable effort to verify the validity of those documents.

Upon receiving an ambulance service area franchise from Marion County, I authorize disclosure of information by health care facilities, including but not limited to hospitals, nursing homes, or free standing medical centers, to the County relating to service provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

I have carefully read the application and answered the appropriate questions completely and without reservations, of any kind, and I declare under penalty of perjury that my answers, all statements made and documents provided by me herein are true and correct. Should I furnish any false information in this application. I hereby agree that such act shall constitute cause for the denial, suspension or revocation of this ambulance service area franchise to operate in the State of Oregon.

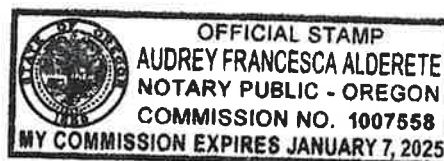
Kyle G McMann
(Authorized Agent to sign in presence of Notary Public)

Subscribed and sworn to before me this July 21 day of , 2023
Notary Public for Umpqua Bank My Commission Expires
Marion County Seal January 7 2025

Notary Public

(Notary Signature)

[Signature]



Mail or hand deliver the completed application and all requested documents to the:

Attn: Marion County ASA Administrator
Marion County Health Department 3180
Center St. NE Salem OR 97301



APPLICATION FOR AMBULANCE SERVICE AREA FRANCHISE

PLEASE CHECK, TYPE OR PRINT THE APPROPRIATE RESPONSES.

Be sure to complete all items. Mail or hand deliver the completed application to: Marion County Health Department, 3180 Center St NE, Salem, OR 97301, Attn. Marion County ASA Administrator.

Application must be received by September 5, 2023 @ 5:00 PM.

I. Ambulance Service Area You Are Applying to Serve: ASA 5

II. Ambulance Service Information

Ambulance Service Name: Woodburn Ambulance Service

Other Business Names: _____

Parent Company / Owner Metrowest Ambulance/JD Fuiten

Mailing Address: P.O. Box 584

Woodburn, OR 97071

Type of Agency (Check one): ☐ Fire Dept/Dist. ☐ Municipal ☐ Hospital ☒ Private
☐ Other

Type of Ownership (Check one): ☐ Government ☐ Sole Proprietor ☐ Partnership ☒ Corporation
☐ Limited Liability Company ☐ Special District ☐ Other

Type of Service Provided (Check all that apply): ☒ Ground ☐ Marine ☐ Air

Medicare Provider Number: NPI 1700975638

Medicaid Provider Number: 161422

III. Contact Information for Official Communications with Marion County

Name: Toni Grimes

Address (If different from above):

Non-Emergency Phone and Fax (503) 982-4699

Email: tonig@woodburnamb.com

IV. Staffing

Type of Personnel Used (Check all that apply):

<input type="checkbox"/> EMR	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> EMT	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Advanced EMT	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Oregon Intermediate	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Paramedic	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Non-EMT Driver	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Pilot	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer

Level of Service Provided (Check all that apply):

<input checked="" type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided only part of a 24 hour day.

EMS Training Director's Name: **Davalee Meade**
EMS Training Director's Email: **davalee.meade@woodburnambulance.com**

V. Medical

Medical Director Information:

Medical Director's Name: **Mark Zeitzer MD**
Medical Director's Email: **mzeitzer@gmail.com**

Signed Standing Orders: (Standing orders must have been signed within the past twelve months.)

<input type="checkbox"/> Signed standing orders for EMRs	Date signed: July 26 2023
<input checked="" type="checkbox"/> Signed standing orders for EMTs	Date signed: July 26 2023
<input checked="" type="checkbox"/> Signed standing orders for Advanced EMTs.	Date signed: July 26 2023
<input checked="" type="checkbox"/> Signed standing orders for Oregon Intermediates	Date signed: July 26 2023
<input checked="" type="checkbox"/> Signed standing orders for Paramedics	Date signed: July 26 2023

☒ Our medical director has authorized the purchase and use of controlled substances.

If checked, you must have a DEA license containing the name of your medical director and the name and address of your ambulance service.

Our DEA license has an expiration date of: **05/31/2026**

☒ Our medical director has authorized the use of blood glucose monitoring devised to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number: **38D0686971**

Expiration Date: **12/31/2023** 78

VI. Proof of financial responsibility

Proof of general liability/umbrella insurance in the amount of not less than \$1,500,000 per occurrence and Auto insurance in the amount of not less than \$1,500,000 per accident and in the form of a certificate of insurance or letter from the carrier. Applicants may be self-insured. Attach a copy of current certificate of insurance or self insurance.

Ground Ambulance Liability:

Name of Insurance Company The Partners Group

Expiration Date: 10/04/2023

Air Ambulance Liability:

Name of Insurance Company N/A

Expiration Date:

Personnel Liability:

Name of Insurance Company: The Partners Group

Expiration Date: 10/04/2023

VII. Briefly describe how you will provide /ensure 24/7 ALS ambulance service for your Ambulance Service Area. List and explain any subcontracts you have or anticipate having as part of your services. Describe your general approach to deployment and location of personnel and equipment as well as plans for surge capacity. (Use additional sheets if needed.)

Woodburn Ambulance currently has, when fully staffed, 5 ALS ambulances in service during the day into early evening and 4 ALS ambulances staffed over night. Beginning August 2nd, we will be adding an additional day car, 8am-8pm to add more coverage during our busiest times (8am-11pm) and will continue to monitor call volumes to identify peak times and add additional unit hours as needed and when staffing allows.

We currently have 4 stations, one in Woodburn, one in Mt. Angel, one in Silverton and one in Aurora. Within the last year, we have refined our deployment and have developed a dynamic posting plan that continuously moves ambulances around the ASA dependent on current call volume and spreads the available units out (to move to temporary "post" locations such as Hook Rd, Hitz Corner, or Hubbard Scales on 99E) to better cover the area. This would be similar to a System Status Plan seen in large urban areas, however, If all ambulances are not engaged in calls, the crews are allowed to rest in one of the 4 stations.

In addition to current in-service ambulances, Woodburn Ambulance frequently staffs some of these units as double ALS that can be split in the event of last minute sick call ins or adding an additional unit should a MCI or disaster occurs. We also have two additional Paramedics that perform administrative duties but also will cover an open shift if needed or staff an addition surge unit should a MCI or disaster occurs.

VIII. Attach a staff roster including names, EMT level, certificate number, and expiration date.

See attached

IX. Attach a vehicle roster for all state ambulances. Include ambulance type and year.

see attached

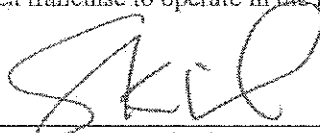
STATEMENT OF TRUTH OF APPLICATION

SHAWN BAIRD, being first duly sworn, depose and that I am an authorized agent of the entity that owns and operates the ambulance service described in this application

I certify that there has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service area franchise in the State of Oregon. Where I have relied upon documents submitted by employees/volunteers, I have made a reasonable effort to verify the validity of those documents.

Upon receiving an ambulance service area franchise from Marion County, I authorize disclosure of information by health care facilities, including but not limited to hospitals, nursing homes, or free standing medical centers, to the County relating to service provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

I have carefully read the application and answered the appropriate questions completely and without reservations, of any kind, and I declare under penalty of perjury that my answers, all statements made and documents provided by me herein are true and correct. Should I furnish any false information in this application. I hereby agree that such act shall constitute cause for the denial, suspension or revocation of this ambulance service area franchise to operate in the State of Oregon.

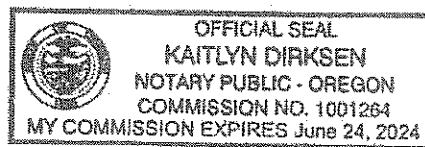


(Authorized Agent to sign in presence of Notary Public)

Subscribed and sworn to before me this 26 day of July, 2023
Notary Public for My Commission Expires 6/24/24
Seal

Notary Public Oregon


(Notary Signature)



Mail or hand deliver the completed application and all requested documents to the:

Attn: Marion County ASA Administrator
Marion County Health Department 3180
Center St. NE Salem OR 97301

VEHICLE ROSTER

VIN Number	EMS Permit Number	Permit Levels	Make	Model	Year	Status
W1X8E23Y0LN106831	41221	Ground	Mercedes Benz	American E	2020	Active
1WDAPF3CC9E9573747Z	41135	Ground	Mercedes Benz	Medix	2014	Active
WDAPF3CC6E9582096	40746	Ground	Mercedes Benz	Medix	2014	Active
WDAPF3CC3F9626525	41375	Ground	Mercedes Benz	Medix	2015	Active
WDAPF3CC1F9604748	40679	Ground	Mercedes Benz	Medix	2015	Active
V1X8E23Y0MN157134	41371	Ground	Mercedes Benz	MEDIX	2021	Active
WDAPF3CC1F9604751	41232	Ground	Mercedes Benz	Medix Spec	2015	Active
WDAPF3CC5F9609127	41019	Ground	Mercedes Benz	Leader	2015	Active

PERSONNEL ROSTER

Name	Level	Number	Expiration Date
Anderson, Brett Knick	Paramedic	140796	6/30/2025
Baird, Christopher Mark	Paramedic	120021	6/30/2025
Baird, Shawn K	Paramedic	118213	6/30/2025
Barragan Fajardo, Anahi	Paramedic	145483	6/30/2025
Bolt, Devon Andrew	Paramedic	141311	6/30/2025
Chavez, Jose Eduardo	Paramedic	204564	6/30/2025
Chuhlantseff, Logan Matthew	Paramedic	202481	6/30/2025
Coakley-Sallee, Deana R	Emergency Medical Technician	202308	6/30/2025
Cooper, Grant Clifford	Emergency Medical Technician	200470	6/30/2025
Crain, Katie J	Paramedic	129019	6/30/2025
Cruz, Diana Y	Emergency Medical Technician	200975	6/30/2025
Davis, Hunter Dwight	Paramedic	203804	6/30/2025
Davis, Jackson Troy	Emergency Medical Technician	206883	6/30/2025
Dunworth, John Adam	Emergency Medical Technician	202281	6/30/2025
Duval, Matthew G	Emergency Medical Technician	140352	6/30/2025
Enger, Kiley D	Paramedic	201823	6/30/2025
Enriquez, Michael Anthony	Emergency Medical Technician	206332	6/30/2025
Fhon, Israel Leonidas	Emergency Medical Technician	204445	6/30/2025
Forste, Lara Noelle	Paramedic	119232	6/30/2025
Graves, Dylan m	Emergency Medical Technician	202825	6/30/2025
Grimes, Toni R	Paramedic	115639	6/30/2025
James, Tyson Lee	Paramedic	142918	6/30/2025
Logerwell, Isaac Ian	Paramedic	147545	6/30/2025
Matlock, Hayden Andrew	Emergency Medical Technician	203910	6/30/2025
Matous, Karl F	Paramedic	140572	6/30/2025
McCall, Corrin L	Emergency Medical Technician	205741	6/30/2025
Meade, Davalee	Paramedic	131336	6/30/2025
Meissner, Nathaniel J	Emergency Medical Technician	138091	6/30/2025
Mendoza, Marcos Junior	Emergency Medical Technician	203808	6/30/2025
Morales, Joseluis A	Emergency Medical Technician	146311	6/30/2025
Myers, Aaron M	Paramedic	143422	6/30/2025
Neazor, Daniel	Paramedic	132541	6/30/2025
Nelson, Ryan T	Emergency Medical Technician	147657	6/30/2025
Nelzen, Emma J	Emergency Medical Technician	207607	6/30/2025
Niktab, Ian A	Emergency Medical Technician	207426	6/30/2025
Pattison, Bryan Erick	Paramedic	204199	6/30/2025
Popovich, Kelsey	Emergency Medical Technician	206606	6/30/2025
Rabanales, Jennifer Michelle	Emergency Medical Technician	204438	6/30/2025
Rodriquez, Micky	Emergency Medical Technician	206267	6/30/2025
Schwabauer, Alan James	Paramedic	204972	6/30/2025
Serrano Jr, Jose Luis	Emergency Medical Technician	202798	6/30/2025
Shafer, Andrew P	Emergency Medical Technician	207307	6/30/2025
Soeller, Bailey A	Paramedic	201672	6/30/2025
Spilde, Christopher D	Paramedic	124969	6/30/2025
Starr, Crystal A	Paramedic	202968	6/30/2025
Sweet, Naomi Nicole	Emergency Medical Technician	203316	6/30/2025

tarula, juan antonio	Emergency Medical Technician	201656	6/30/2025
Troxell, Tyler Monroe	Paramedic	202168	6/30/2025
Walker, Brett David	Emergency Medical Technician	203861	6/30/2025
Ward, Scott James	Paramedic	131674	6/30/2025
Williams, Elliott Thomas C	Paramedic	135125	6/30/2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/31/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Partners Group LLC 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056		CONTACT NAME: Crystal Woods PHONE (A/C, No, Ext): (877) 455-5640 E-MAIL: cwoods@tpgrp.com ADDRESS: (425) 455-6727	
INSURED Metro West Ambulance Service, Inc. 5475 NE Dawson Creek Drive Hillsboro OR 97124		INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company INSURER B: Paratransit Insurance Company, A Mutual Risk Retention INSURER C: SAIF Corporation INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2022-23 Marion County REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		UFL006050305	10/04/2022	10/04/2023	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$						
	MED EXP (Any one person) \$						
	PERSONAL & ADV INJURY \$ 2,000,000						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PG117122	10/04/2022	10/04/2023	GENERAL AGGREGATE \$ 3,000,000
	PRODUCTS - COMP/OP AGG \$						
	Employee Benefits \$ 1mil/3mil						
	COMBINED SINGLE LIMIT (Per occurrence) \$ 1,000,000						
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						BODILY INJURY (Per person) \$
	OCCUR CLAIMS-MADE						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		345653	07/01/2023	07/01/2024	Plus Contract Increase \$ 500,000
	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>						
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
A				UFL006050305	10/04/2022	10/04/2023	E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Marion County Health & Human Services is included as Additional Insured per attached form 00ML0207001103

AUTOMOBILE COVERAGE IS SUBJECT TO \$200,000 SIR PER ACCIDENT

CERTIFICATE HOLDER

CANCELLATION

Marion County
Health & Human Services
3180 Center Street NE
Salem

OR 97301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



APPLICATION FOR AMBULANCE SERVICE AREA FRANCHISE

PLEASE CHECK, TYPE OR. PRINT THE APPROPRIATE RESPONSES.

Be sure to complete all items. Mail or hand deliver the completed application to: Marion County Health Department, 3180 Center St NE, Salem, OR 97301, Attn. Marion County ASA Administrator.

Application must be received by September 4, 2023 @ 11:59 PM.

I. Ambulance Service Area You Are Applying to Serve: Marion County ASA 6

II. Ambulance Service Information

Ambulance Service Name: Lyons Rural Fire Protection District

Other Business Names: Lyons Ambulance

Parent Company / Owner: Lyons Rural Fire Protection District

Mailing Address: PO Box 179

Lyons OR 97358

Type of Agency (Check one): ☒ Fire Dept/Dist. ☐ Municipal ☐ Hospital ☐ Private
☐ Other

Type of Ownership (Check one): ☒ Government ☐ Sole Proprietor ☐ Partnership ☐ Corporation
☐ Limited Liability Company ☐ Special District ☐ Other

Type of Service Provided (Check all that apply): ☒ Ground ☐ Marine ☐ Air

Medicare Provider Number: R0000RbBFD

Medicaid Provider Number: 109611

III. Contact Information for Official Communications with Marion County

Name: Sherry A Bensema

Address (If different from above):

Non-Emergency Phone and Fax: 503-859-2012 phone / 503-859-2422 Fax

Email: lyonsambulance@gmail.com

IV. Staffing

Type of Personnel Used (Check all that apply):

<input checked="" type="checkbox"/> EMR	<input type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> EMT	<input type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Advanced EMT	<input type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Oregon Intermediate	<input type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Paramedic	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Non-EMT Driver	<input type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Pilot	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer

Level of Service Provided (Check all that apply):

<input checked="" type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided 24 hours-a-day,
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided only part of a 24 hour day.

EMS Training Director's Name: Sherry Bensema

EMS Training Director's Email: lyonsambulance@gmail.com

V. Medical

Medical Director Information:

Medical Director's Name: Steve Vets DO

Medical Director's Email: svets@santiamhospital.org

Signed Standing Orders: (Standing orders must have been signed within the past twelve months.)

<input checked="" type="checkbox"/> Signed standing orders for EMRs	Date signed: 02/22/2023
<input checked="" type="checkbox"/> Signed standing orders for EMTs	Date signed: 02/22/2023
<input checked="" type="checkbox"/> Signed standing orders for Advanced EMTs.	Date signed: 02/22/2023
<input checked="" type="checkbox"/> Signed standing orders for Oregon Intermediates	Date signed: 02/22/2023
<input checked="" type="checkbox"/> Signed standing orders for Paramedics	Date signed: 02/22/2023

☒ Our medical director has authorized the purchase and use of controlled substances.

If checked, you must have a DEA license containing the name of your medical director and the name and address if your ambulance service.

Our DEA license has an expiration date of: Our controlled substances is through Santiam Hospital Pharmacy agreement is attached.

☒ Our medical director has authorized the use of blood glucose monitoring devised to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number: 38D0921885

Expiration Date: 12/31/2023

VI. Proof of financial responsibility

Proof of general liability/umbrella insurance in the amount of not less than \$1,500,000 per occurrence and Auto insurance in the amount of not less than \$1,500,000 per accident and in the form of a certificate of insurance or letter from the carrier. Applicants may be self-insured. Attach a copy of current certificate of insurance or self insurance.

Ground Ambulance Liability:

Name of Insurance Company WHA Insurance Company

Expiration Date: 01/01/2023

Air Ambulance Liability:

Name of Insurance Company

Expiration Date:

Personnel Liability:

Name of Insurance Company: WHA Insurance Company

Expiration Date: 01/01/2023

VII. Briefly describe how you will provide /ensure 24/7 ALS ambulance service for your Ambulance Service Area. List and explain any subcontracts you have or anticipate having as part of your services. Describe your general approach to deployment and location of personnel and equipment as well as plans for surge capacity. (Use additional sheets if needed.)

Providing 24/7 ALS ambulance service in Marion County ASA 6 (Ambulance Service Area 6) requires careful planning, coordination, and the allocation of resources to ensure that residents receive timely and high-quality medical care during emergencies. Lyons Ambulance is staffs one 24/7 365 ALS Ambulance, and provides volunteer staffed, ALS equipped second ambulance which is staffed as personnel are available, both of these ambulances are located at the Lyons Fire District main station. We employee sufficient number of qualified paramedics, EMT's to cover all shifts around the clock, we have hired 2 full time FF/Paramedics to cover 11,616 Paramedic hours, and supplement staffing with part time Paramedic hours, and employ sufficient EMT's to staff the second position on the medic. The EMS Coordinator also fills Paramedic hours ensuring that we have back up staffing for vacations, sick leave or employee emergencies. We have agreements in place with Santiam Ambulance to back fill as needed through mutual aid, when Lyons Ambulance is out of our initial response area either on a call. Currently surge capacity is handled with the assistance of our mutual aid partners as needed. We follow the Marion County Multi Patient/ Mass Casualty Plan. We are currently training with the regional fire district to increase our proficiency at large scale incidents. We maintain open channels with local fire districts, law enforcement and neighboring ambulance providers to ensure efficient coordination for immediate first response and ambulance mutual aid when needed. We have an outreach program with the local law enforcement agencies, to train them in advanced first aid and provide medical kits and AED supplies to expand our first response into the regions not served by Fire District first response in our ASA. We provide free EMS education to all of our first response partners on a regular basis to reduce the cost of maintaining a robust first response in our ASA. We are able through data analytics to up staff during high call volume events, to ensure the increased call volume impact on the ambulance response system is reduced.

VIII. Attach a staff roster including names, EMT level, certificate number, and expiration date.
see attached

IX. Attach a vehicle roster for all state ambulances. Include ambulance type and year.

Lyons Ambulance - Vehicle Roster

E267394 1FDUF4HT3GEA16935 Horton 2016 1 Ground
E204895 1FDWE30F0WAH085 Life Line 1998 3 Ground

STATEMENT OF TRUTH OF APPLICATION

Sherry A Bensema

, being first duly sworn, depose and that I am an authorized agent of the entity that owns and operates the ambulance service described in this application

I certify that there has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service area franchise in the State of Oregon. Where I have relied upon documents submitted by employees/volunteers, I have made a reasonable effort to verify the validity of those documents.

Upon receiving an ambulance service area franchise from Marion County, I authorize disclosure of information by health care facilities, including but not limited to hospitals, nursing homes, or free standing medical centers, to the County relating to service provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

I have carefully read the application and answered the appropriate questions completely and without reservations, of any kind, and I declare under penalty of perjury that my answers, all statements made and documents provided by me herein are true and correct. Should I furnish any false information in this application. I hereby agree that such act shall constitute cause for the denial, suspension or revocation of this ambulance service area franchise to operate in the State of Oregon.

Sherry A Bensema
(Authorized Agent to sign in presence of Notary Public)

Subscribed and sworn to before me this Aug 30 day of , 20 23 Notary Public

Notary Public for

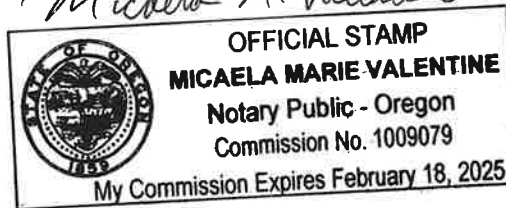
State of OR

County of Linn

(Notary Signature)

My Commission Expires *February 18, 2025*
Seal

Micaela M. Valentine




Mail or hand deliver the completed application and all requested documents to the:

Attn: Marion County ASA Administrator
Marion County Health Department 3180
Center St. NE Salem OR 97301

AMBULANCE STAFF			
Name	License Level	License Number	Expiration Date
VETS, STEVEN	DO	DO158057	Supervising Physician
BENSEMA, SHERRY A	PARAMEDIC	123836	6/30/2025
BIVANS, ROBERT N	PARAMEDIC	137950	6/30/2025
COSTELLO, EMMA	PARAMEDIC	133666	6/30/2025
DUNN, COLE	PARAMEDIC	147191	6/30/2025
MARTINEZ, ANDREA J	PARAMEDIC	131412	6/30/2025
PARK, ADRIENNE K	PARAMEDIC	136240	6/30/2025
SCHAER, MICHAEL J	PARAMEDIC	201969	6/30/2025
SEVERSON, KONNER R	PARAMEDIC	205554	6/30/2025
SURETTE, ROBERT F	PARAMEDIC	143956	6/30/2025
VAN WOY, SARAH	PARAMEDIC	140900	6/30/2025
KLEIN, WILLIAM R	EMT INTERMEDIATE	115038	6/30/2025
WEITMAN, TERRY L	EMT INTERMEDIATE	126690	6/30/2025
OLIVER, KELLY E	EMT ADVANCED	133668	6/30/2025
DEETZ, CURTIS	EMT	143331	6/30/2025
DEFABIS, VINCENT	EMT	206372	6/30/2025
HARRIS, LAURA M	EMT	202387	6/30/2025
HINDERKS, JAY S	EMT	131586	6/30/2025
HUELLER, KURT A	EMT	132658	6/30/2025
JOHNSON, NASTASJA	EMT	144917	6/30/2025
LANEY, AIMEE	EMT	202901	6/30/2025
LITTLE, BRODY	EMT	208434	6/30/2025
NELSON, JEREMIAH N	EMT	200343	6/30/2025
REESER, HUNTER	EMT	206423	6/30/2024
ROTHROCK, JACOB	EMT	203898	6/30/2025
ROYER, JACOB	EMT	203274	6/30/2025
SPENCER, KAYLEE	EMT	207018	6/30/2025
TEGEN, TRENT L	EMT	143249	6/30/2025
TERRONES, THOMAS T	EMT	203094	6/30/2025
WALKER, BRETT D	EMT	203861	6/30/2025
WALLIMAN, MADISON	EMT	206543	6/30/2025

MICHAEL J. SCHAEER
 Paramedic
 License # 201969
 Expires 6/30/2025



DRIVERS AND ENHANCED EMS IN SANTIAM CANYON SQUAD 56 STAFF			
Name	License Level	License Number	Expiration Date
BAXTER, TAMMY J	EMR	206335	6/30/2024
BECKER, AMANDA	EMR	208345	6/30/2024
BROWN, JAMES	EMR	147047	6/30/2024
DEES, BRADFORD	EMT	200783	6/30/2025
DUDLEY, ROBERT T	EMR	207802	6/30/2024
GABRIELLI, TYLER	EMR	207321	6/30/2024
GROSSO-SMITH, LUCA	EMR	208144	6/30/2024
GROVER, JAMES	EMR	207967	6/30/2024
JACKSON, LESLIE	EMR	208369	6/30/2024
JOHNSTON, ROBERT	EMR	137956	6/30/2024
JONES, JADE	EMR	206520	6/30/2024
KING, URIAH	EMR	206748	6/30/2024
LEE, ADRI A	EMR	206954	6/30/2024
LEMKE, ROBERT	EMR	145782	6/30/2024
MOERSCH, CHAD	EMR	207822	6/30/2024
MOERSCH, TABBY	EMR	207821	6/30/2024
O'LEARY, SAMANTHA	EMR	208108	6/30/2024
PARK, TED	EMR	207370	6/30/2024
PETERSON, ERIC	EMR	135628	6/30/2024
SHINE, ALETHA	EMR	147198	6/30/2024
SINGH SOHAL, AIDAN	EMR	207487	6/30/2024
TUCKER, JO	EMR	208118	6/30/2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/08/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WHA Insurance Agency 2930 Chad Drive Eugene OR 97408	CONTACT NAME: Jamie McGarry PHONE (A/C, No, Ext): (800) 852-6140 FAX (A/C, No): (541) 342-3786 E-MAIL ADDRESS: jmcgarry@whainsurance.com																					
INSURED Lyons FD & Ambulance Service, DBA: Lyons Rural Fire Protection PO Box 179 Lyons OR 97358	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Special Districts Assoc of OR</td><td>1119</td></tr><tr><td>INSURER B:</td><td>Genesis Insurance Company</td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Special Districts Assoc of OR	1119	INSURER B:	Genesis Insurance Company		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** 2022 GL/AU**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A/B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			37P52113	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> Public Officials Liability						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Employment Practices Liability						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ None
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A/B	AUTOMOBILE LIABILITY			37P52113	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							Excess Auto Liability \$ 9,500,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Karisa Cary

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/22/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WHA Insurance Agency 2930 Chad Drive Eugene OR 97408	CONTACT NAME: Karisa Cary PHONE (A/C, No, Ext): (800) 852-6140 FAX (A/C, No): (541) 342-3786 E-MAIL ADDRESS: kcary@whainsurance.com
INSURED Lyons FD & Ambulance Service, DBA: Lyons Rural Fire Protection PO Box 179 Lyons OR 97358	INSURER(S) AFFORDING COVERAGE INSURER A: Special Districts Assoc of OR INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 1119

COVERAGES**CERTIFICATE NUMBER:** 2023 - 24**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A/B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Public Officials Liability <input checked="" type="checkbox"/> Employment Practices Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		38P52113	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ None PRODUCTS - COM/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Excess Auto Liability \$ 9,500,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			38P52113	01/01/2023	01/01/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of insurance.

CERTIFICATE HOLDER**CANCELLATION**

Marion County Health Department 3180 Center St NE Salem OR 97301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Karisa Cary</i>
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Oregon Workers' Compensation Certificate of Insurance

Mail to:

LYONS FD & AMBULANCE SERVICE
LYONS RURAL FIRE PROTECTION DISTRICT
PO BOX 179
LYONS, OR 97358-0179

Certificate holder:

LYONS RURAL FIRE PROTECTION DISTRICT
1114 MAIN STREET
PO BOX 179
LYONS, OR 97358

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by this policy is subject to all the terms, exclusions and conditions of such policy; this policy is subject to change or cancellation at any time.

Insured

Lyons Fd & Ambulance Service
Lyons Rural Fire Protection District
PO Box 179
Lyons, Or 97358-0179

Producer/contact

Wha Insurance Agency Inc
Wha - Public Entities
541.342.4441 kmccorkle@whainsurance.com

Issued 07/27/2023
Policy 100055370
Period 07/01/2023 to 07/01/2024

Limits of liability

Bodily Injury by Accident	\$1,000,000 each accident
Bodily Injury by Disease	\$1,000,000 each employee
Body Injury by Disease	\$1,000,000 policy limit

Description of operations/locations/special items**Important**

This certificate is issued as a matter of information only and confers no rights to the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies above. This certificate does not constitute a contract between the issuing insurer, authorized representative or producer and the certificate holder.

Authorized representative

Chip Terhune
President and CEO



APPLICATION FOR AMBULANCE SERVICE AREA FRANCHISE

PLEASE CHECK, TYPE OR. PRINT THE APPROPRIATE RESPONSES.

Be sure to complete all items. Mail or hand deliver the completed application to: Marion County Health Department, 3180 Center St NE, Salem, OR 97301, Attn. Marion County ASA Administrator.

Application must be received by September 4, 2023 @ 11:59 PM.

I. Ambulance Service Area You Are Applying to Serve:

II. Ambulance Service Information

Ambulance Service Name: Santiam Memorial Hospital
Other Business Names: Santiam Hospital, Santiam Ambulance
Parent Company / Owner: Santiam Memorial Hospital
Mailing Address: 1401 N Tenth Ave
Stayton, Oregon 97383

Type of Agency (Check one): ☐ Fire Dept/Dist. ☐ Municipal ☒ Hospital ☐ Private
☐ Other

Type of Ownership (Check one): ☐ Government ☐ Sole Proprietor ☐ Partnership ☒ Corporation
☐ Limited Liability Company ☐ Special District ☐ Other

Type of Service Provided (Check all that apply): ☒ Ground ☐ Marine ☐ Air

Medicare Provider Number: 380056

Medicaid Provider Number: 176115

III. Contact Information for Official Communications with Marion County

Name: Danny Freitag

Address (If different from above):

Non-Emergency Phone and Fax: 503-769-9259

Email: dfreitag@santiamhospital.org

IV. Staffing

Type of Personnel Used (Check all that apply):

<input type="checkbox"/> EMR	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> EMT	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Advanced EMT	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Oregon Intermediate	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Paramedic	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Registered Nurse	<input checked="" type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Non-EMT Driver	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Pilot	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer

Level of Service Provided (Check all that apply):

<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided 24 hours-a-day,
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided only part of a 24 hour day.

EMS Training Director's Name: **Danny Freitag**
 EMS Training Director's Email: **dfreitag@santiamhospital.org**

V. Medical

Medical Director Information:

Medical Director's Name: **Steve Vets**
 Medical Director's Email: **svets@santiamhospital.org**

Signed Standing Orders: (Standing orders must have been signed within the past twelve months.)

<input checked="" type="checkbox"/> Signed standing orders for EMRs	Date signed: 02/22/2023
<input checked="" type="checkbox"/> Signed standing orders for EMTs	Date signed: 02/22/2023
<input checked="" type="checkbox"/> Signed standing orders for Advanced EMTs.	Date signed: 02/22/2023
<input checked="" type="checkbox"/> Signed standing orders for Oregon Intermediates	Date signed: 02/22/2023
<input checked="" type="checkbox"/> Signed standing orders for Paramedics	Date signed: 02/22/2023

☒ Our medical director has authorized the purchase and use of controlled substances.
 If checked, you must have a DEA license containing the name of your medical director and the name and address if your ambulance service.

Our DEA license has an expiration date of: **FV0774174**

☒ Our medical director has authorized the use of blood glucose monitoring devised to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number: **38D0626355**

Expiration Date: **12/31/2023** 97

VI. Proof of financial responsibility

Proof of general liability/umbrella insurance in the amount of not less than \$1,500,000 per occurrence and Auto insurance in the amount of not less than \$1,500,000 per accident and in the form of a certificate of insurance or letter from the carrier. Applicants may be self-insured. Attach a copy of current certificate of insurance or self insurance.

Ground Ambulance Liability:

Name of Insurance Company **Parker, Smith & Feek Insurance, LLC.**

Expiration Date: **07/01/2024**

Air Ambulance Liability:

Name of Insurance Company **n/a**

Expiration Date: **n/a**

Personnel Liability:

Name of Insurance Company: **Parker, Smith & Feek Insurance, LLC.**

Expiration Date: **07/01/2024**

VII. Briefly describe how you will provide /ensure 24/7 ALS ambulance service for your Ambulance Service Area. List and explain any subcontracts you have or anticipate having as part of your services. Describe your general approach to deployment and location of personnel and equipment as well as plans for surge capacity. (Use additional sheets if needed.)

Santiam Hospital is committed to providing ALS ambulance coverage 24/7/365 to our ASA through staffing a minimum of one ALS ambulance at all times. An additional ALS ambulance is routinely available through our daily staffing model, with the ability to staff a third ALS ambulance for surges based on personnel and vehicle availability. We are committed to seamless response through mutual aid agreements in Marion and Linn County when a Santiam Ambulance is not able to cover an emergency due to other requests for service. Our ALS ambulances are deployed from the Santiam Hospital campus, which provides a centrally located response to the ASA.

VIII. Attach a staff roster including names, EMT level, certificate number, and expiration date.

Attached

IX. Attach a vehicle roster for all state ambulances. Include ambulance type and year.

Attached

STATEMENT OF TRUTH OF APPLICATION

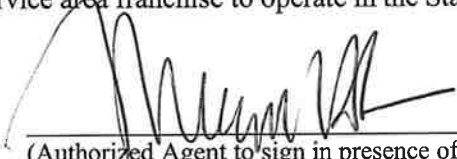
Maggie Hudson

, being first duly sworn, depose and that I am an authorized agent of the entity that owns and operates the ambulance service described in this application

I certify that there has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service area franchise in the State of Oregon. Where I have relied upon documents submitted by employees/volunteers, I have made a reasonable effort to verify the validity of those documents.

Upon receiving an ambulance service area franchise from Marion County, I authorize disclosure of information by health care facilities, including but not limited to hospitals, nursing homes, or free standing medical centers, to the County relating to service provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

I have carefully read the application and answered the appropriate questions completely and without reservations, of any kind, and I declare under penalty of perjury that my answers, all statements made and documents provided by me herein are true and correct. Should I furnish any false information in this application. I hereby agree that such act shall constitute cause for the denial, suspension or revocation of this ambulance service area franchise to operate in the State of Oregon.


(Authorized Agent to sign in presence of Notary Public)

Subscribed and sworn to before me this 4th day of august, 2023

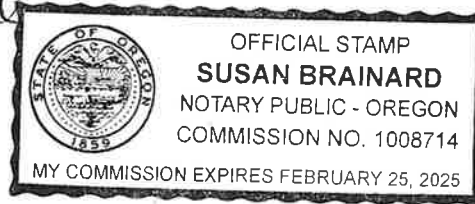
Notary Public for Oregon

My Commission Expires
Seal


Notary Public

February 25, 2025


(Notary Signature)



Mail or hand deliver the completed application and all requested documents to the:

Attn: Marion County ASA Administrator
Marion County Health Department 3180
Center St. NE Salem OR 97301



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/27/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Parker, Smith & Feek Insurance, LLC. 16201 E Indiana Ave, Suite 1000 Spokane Valley, WA 99216	CONTACT NAME:	
	PHONE (A/C, No, Ext): 509-789-8350	FAX (A/C, No): 509-931-0794
INSURED Santiam Memorial Hospital 1401 N 10th Ave Stayton, OR 97383	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Oregon Healthcare Insurance Co RRG	
	INSURER B: Markel Insurance Company	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Retro Date: 12/1/2002 <input checked="" type="checkbox"/> \$150K SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		HP 00890 General Liability	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ Included
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MTA7000260610 Auto	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ \$0 SIR			HP 00890 \$4M Excess Auto Coverage ONLY	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Healthcare Professional Liability			HP 00890	07/01/2023	07/01/2024	\$5,000,000 Each Claim; \$10,000,000 Aggregate; \$150K SIR

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Santiam Ambulance Franchise Agreement - Marion County Oregon, its officers/officials, agents, employees and volunteers are included as Additional Insureds Designated Person or Organization as respects their interest on the General Liability Policy per endorsement to follow from the carrier.

CANCELS AND REPLACES PREVIOUSLY ISSUED CERTIFICATE.

CERTIFICATE HOLDER**CANCELLATION**

Marion County, Oregon
3180 Center Street NE
Salem, OR 97301-0000

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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User successfully added to service roster.

**Santiam Memorial Hospital (2403)**1401 N 10th Ave, City of Stayton, Oregon 97383
Agencies-Transport -- Issued: 04/22/2023 -- Expires: 06/30/2024[← Back To Services](#)

Personnel

Use the *Position* drop down menu and the search box to search for personnel with specific positions or names. To view all personnel again, click *Clear*.

Click the arrow to the right of each person's name to view additional details about them. To view a list of documents submitted for that person, click the icon in the *Documents* column.









Add an Existing Personnel to Services Roster

Personnel:

[Add Existing Personnel to Santiam Memorial Hospital](#)

Search by Personnel name or License number

<input type="checkbox"/>	Name	Positions ▼	Personnel ID	Show on EMS Run Form	Number	Level	Issued	Expiration	Status	Docs
<input type="checkbox"/>	Freitag, Daniel Lee (139606)			Yes	139606	Paramedic	04/04/2023	06/30/2025	Active	
<input type="checkbox"/>	Vets DO, Steven (DO158057)			Yes	DO158057	Doctor of Osteopathic Medicine			Active	
<input type="checkbox"/>	Fogarty, John-Patrick Carroll (145628)			Yes	145628	Paramedic	04/03/2023	06/30/2025	Active	
<input type="checkbox"/>	Havelind, Zachary A (144468)			Yes	144468	Paramedic	05/18/2023	06/30/2025	Active	
<input type="checkbox"/>	Augustus, Conrad E (124078)			Yes	124078	Paramedic	05/19/2023	06/30/2025	Active	
<input type="checkbox"/>	Hailey, Amy M (133616)			Yes	133616	Paramedic	05/30/2023	06/30/2025	Active	

<input type="checkbox"/>	▶	Quevedo Ramirez, Edgar (203607)	Yes	203607	Paramedic	04/04/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Covington, Aaron Joseph (202157)	Yes	202157	Paramedic	05/09/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Schaer, Michael John (201969)	Yes	201969	Paramedic	05/16/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Dunn, Cole J (147191)	Yes	147191	Paramedic	04/04/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Nelson, Brynn Nicole (206976)	Yes	206976	Emergency Medical Technician	05/05/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Watkins, Raymond Glenn (145414)	Yes	145414	Paramedic	04/12/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Bratton, Jennifer Lynn (204083)	Yes	204083	Emergency Medical Technician	04/12/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Rothrock, Jacob (203898)	Yes	203898	Emergency Medical Technician	06/20/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Johnson, Nastasja E (144917)	Yes	144917	Emergency Medical Technician	04/17/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Severson, Konner R (205554)	Yes	205554	Paramedic	05/02/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Culver, Sarah Rose (147452)	Yes	147452	Paramedic	06/13/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Tolmachoff, Kathryn W (147728)	Yes	147728	Emergency Medical Technician	04/03/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Massari, Ethan T (139861)	Yes	139861	Paramedic	05/05/2023	06/30/2025	Active	

<input type="checkbox"/>	▶	Loewen, Daniel Spence (201776)	Yes	201776	Paramedic	04/04/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Snook, Kyra Ailene (203213)	Yes	203213	Paramedic	06/01/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Potter, Rachael Marcella (207359)	Yes	207359	Emergency Medical Technician	05/31/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Nilawati, Eka Agustina (205256)	Yes	205256	Emergency Medical Technician	04/03/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Gilbert, Lucas Michael (203319)	Yes	203319	Emergency Medical Technician	05/01/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Rainforth, Trenton (205093)	Yes	205093	Emergency Medical Technician	04/24/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Hartmann, Paul R (120885)	Yes	120885	Paramedic	04/14/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Jones, Theodore (205821)	Yes	205821	Emergency Medical Technician	05/16/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Greenham, Cooper Noel (204708)	Yes	204708	Emergency Medical Technician	05/02/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Hofmann, Makenzie J (145497)	Yes	145497	Paramedic	06/15/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Riedel, Nicholas Andrew (201704)	Yes	201704	Emergency Medical Technician	05/23/2023	06/30/2025	Active	
<input type="checkbox"/>	▶	Knudson, Christy Mae (203386)	Yes	203386	Advanced EMT	07/19/2023	06/30/2025	Active	

Select I Want To ▼

Go

Records 1-31 of 31 | First | Previous | Next | Last

Per Page 100 ▼

Daniel Freitag | Logout



Santiam Memorial Hospital (2403)
 1401 N 10th Ave, City of Stayton, Oregon 97383
 Agencies-Transport -- Issued: 04/22/2023 -- Expires: 06/30/2024

← Back To Services

Vehicles

To sort the list of vehicles based on the values in a specific column, click the header text for that column. Click again to sort in the opposite direction (e.g., if sorting a-z, clicking again will sort z-a).

<input type="checkbox"/> VIN	Last Inspection	Call Sign	Location	Permit Number	Permit Level(s)	Make	Year	Status
<input type="checkbox"/> 1FDXE4FN1PDD39150		Daily Change		41432	Ground	Ford	2023	Active
<input type="checkbox"/> 1FDKE30F3VHB65772				40448	Ground	Ford	1997	Active
<input type="checkbox"/> 3C7WRKBLXFG549179		KYG 725		41154	Ground	Dodge	2015	Active
<input type="checkbox"/> 3C7WDKBL2CG138062				41112	Ground	RAM	2012	Active
<input type="checkbox"/> 1GBJK342x5E135867				40535	Ground	McCoy/Miller	2005	Active

Select | Want To ▼

Go



APPLICATION FOR AMBULANCE SERVICE AREA FRANCHISE

PLEASE CHECK, TYPE OR. PRINT THE APPROPRIATE RESPONSES.

Be sure to complete all items. Mail or hand deliver the completed application to: Marion County Health Department, 3180 Center St NE, Salem, OR 97301, Attn. Marion County ASA Administrator.

Application must be received by September 4, 2023 @ 11:59 PM.

I. Ambulance Service Area You Are Applying to Serve: ASA #8

II. Ambulance Service Information

Ambulance Service Name: Turner Rural Fire Protection District

Other Business Names: Turner Fire District

Parent Company / Owner _____

Mailing Address: 7605 3rd Street SE
Turner, OR 97392

Type of Agency (Check one): ☒ Fire Dept/Dist. ☐ Municipal ☐ Hospital ☐ Private
☐ Other

Type of Ownership (Check one): ☐ Government ☐ Sole Proprietor ☐ Partnership ☐ Corporation
☐ Limited Liability Company ☒ Special District ☐ Other

Type of Service Provided (Check all that apply): ☒ Ground ☐ Marine ☐ Air

Medicare Provider Number: 0000RGCCQ

Medicaid Provider Number: 148734

III. Contact Information for Official Communications with Marion County

Name: Rebecca Shivers

Address (If different from above):

Non-Emergency Phone and Fax: 503-743-2190

Email: rebeccas@turnerfire.com

IV. Staffing

Type of Personnel Used (Check all that apply):

<input checked="" type="checkbox"/> EMR	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> EMT	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Advanced EMT	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Oregon Intermediate	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Paramedic	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Non-EMT Driver	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Pilot	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer

Level of Service Provided (Check all that apply):

<input checked="" type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided 24 hours-a-day,
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided only part of a 24 hour day.

EMS Training Director's Name: **Rebecca Shivers**
 EMS Training Director's Email: **rebeccas@turnerfire.com**

V. Medical

Medical Director Information:

Medical Director's Name: **Steve Vets DO**

Medical Director's Email: **svets@santiamhospital.org**

Signed Standing Orders: (Standing orders must have been signed within the past twelve months.)

<input checked="" type="checkbox"/> Signed standing orders for EMRs	Date signed: 02/22/2023
<input checked="" type="checkbox"/> Signed standing orders for EMTs	Date signed: 02/22/2023
<input checked="" type="checkbox"/> Signed standing orders for Advanced EMTs.	Date signed: 02/22/2023
<input checked="" type="checkbox"/> Signed standing orders for Oregon Intermediates	Date signed: 02/22/2023
<input checked="" type="checkbox"/> Signed standing orders for Paramedics	Date signed: 02/22/2023

☒ Our medical director has authorized the purchase and use of controlled substances.

If checked, you must have a DEA license containing the name of your medical director and the name and address if your ambulance service.

Our DEA license has an expiration date of: **02/28/2025**

☒ Our medical director has authorized the use of blood glucose monitoring devised to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number: **38D0695288**

Expiration Date: **12/31/2023**

VI. Proof of financial responsibility

Proof of general liability/umbrella insurance in the amount of not less than \$1,500,000 per occurrence and Auto insurance in the amount of not less than \$1,500,000 per accident and in the form of a certificate of insurance or letter from the carrier. Applicants may be self-insured. Attach a copy of current certificate of insurance or self insurance.

Ground Ambulance Liability:

Name of Insurance Company **SDIS (Special Districts Insurance Services)**
Expiration Date: **12/31/2023**

Air Ambulance Liability:

Name of Insurance Company **NA**
Expiration Date:

Personnel Liability:

Name of Insurance Company: **SDIS (Special Districts Insurance Services)**
Expiration Date: **12/31/2023**

VII. Briefly describe how you will provide /ensure 24/7 ALS ambulance service for your Ambulance Service Area. List and explain any subcontracts you have or anticipate having as part of your services. Describe your general approach to deployment and location of personnel and equipment as well as plans for surge capacity. (Use additional sheets if needed.)

The Turner Fire District has a long history of providing prehospital care response in our fire district boundary through our ambulance service agreement with Marion County. We have experienced population and construction growth in our community and an increased demand on our ambulance service needs since the last ASA franchise renewal period. This need has been recognized by the Board of Directors and administration staff and is reflected in the recent change to increase our full-time staffing model for ambulance response as well as continued review of said model to meet the needs of our community and ASA. The Turner Fire District provides 24/7 ALS ambulance service to our ASA, # 8, by staffing our first out ground ambulance with a licensed ALS lead Paramedic, EMT Intermediate, or AEMT and an EMT-I, AEMT, or EMT partner as outlined under OAR Division 255, 333-255-0070(1)(b) and OAR 333-255-0070(3)(b). When peak surge is predicted, TFD schedules staffing for a second ALS medic unit with a combination of paid and volunteer EMS personnel. When surge is not predicted, the second medic is staffed on an as need basis by available volunteers and on duty paid personnel who respond immediately, upon voice and alpha pages at time of dispatch, prompting an immediate response to the station and a timely ambulance response to provide ALS patient care. We maintain a roster of full time, part-time and volunteer EMS personnel to provide pre-hospital emergency services in our ASA and keep our 24/7 ALS ambulance staffed. The Turner Fire District has mutual aid and auto aid agreements in place with our neighboring ASA holders, Jefferson RFPD to our south and west, Salem Fire Department (subcontracts to Falck for ambulance service) to our west and north, Marion County Fire District #1 to our north, Aumsville RFPD (subcontracts to Santiam Hospital for ambulance service) to our north and east, and Stayton RFPD to our east and south (subcontracts to Santiam Hospital for ambulance service) to provide necessary support as needed. Both TFD ambulances are housed at Turner Fire Station 950, 7605 3rd Street in Turner, ready for to deploy 24/7.

VIII. Attach a staff roster including names, EMT level, certificate number, and expiration date.

****See attached roster of EMS personnel.**

IX. Attach a vehicle roster for all state ambulances. Include ambulance type and year.

****See attached vehicle roster for TFD ambulances.**

STATEMENT OF TRUTH OF APPLICATION

Rebecca Shivers

, being first duly sworn, depose and that I am an authorized agent of the entity that owns and operates the ambulance service described in this application

I certify that there has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service area franchise in the State of Oregon. Where I have relied upon documents submitted by employees/volunteers, I have made a reasonable effort to verify the validity of those documents.

Upon receiving an ambulance service area franchise from Marion County, I authorize disclosure of information by health care facilities, including but not limited to hospitals, nursing homes, or free standing medical centers, to the County relating to service provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

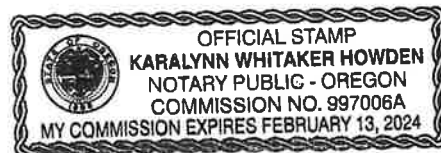
I have carefully read the application and answered the appropriate questions completely and without reservations, of any kind, and I declare under penalty of perjury that my answers, all statements made and documents provided by me herein are true and correct. Should I furnish any false information in this application. I hereby agree that such act shall constitute cause for the denial, suspension or revocation of this ambulance service area franchise to operate in the State of Oregon.



(Authorized Agent to sign in presence of Notary Public)

Subscribed and sworn to before me this 29 day of , 2023 Notary Public
Notary Public for Marion County My Commission Expires February 13, 2024
Seal


(Notary Signature)



Mail or hand deliver the completed application and all requested documents to the:

Attn: Marion County ASA Administrator
Marion County Health Department 3180
Center St. NE Salem OR 97301

My Account

Applications

Services

Details

Policies

Medical Directors

Personnel

Stations

Vehicles

Documents

Service Areas

Inspections

License Verification

User successfully added to service roster.



Turner Fire District (2412)

7605 3rd Street SE, Turner, Oregon 97392
Agencies-Transport — Issued: 05/03/2023 — Expires: 06/30/2024[← Back To Services](#)

Personnel

Use the *Position* drop down menu and the search box to search for personnel with specific positions or names. To view all personnel again, click *Clear*.Click the arrow to the right of each person's name to view additional details about them. To view a list of documents submitted for that person, click the icon in the *Documents* column.

Add an Existing Personnel to Services Roster

Personnel:

[Add Existing Personnel to Turner Fire District](#)

Search by Personnel name or License number

Position -

Personnel

[CLEAR](#)

	Name ▲	Positions	Personnel ID	Show on EMS Run Form	Number	Level	Issued	Expiration	Status	Docs
	▶ Adams, Linda Lee (202921)			Yes	202921	Emergency Medical Responder	05/18/2022	06/30/2024	Active	
	▶ Alberts, Jakob Hyden (202588)			Yes	202588	Advanced EMT	04/03/2023	06/30/2025	Active	
	▶ Alberts, Max Clar (202592)			Yes	202592	Emergency Medical Technician	04/03/2023	06/30/2025	Active	
	▶ Allise, Lawrence R (122250)			Yes	122250	Paramedic	04/11/2023	06/30/2025	Active	
	▶ Anderson, Audrey (206276)			Yes	206276	Emergency Medical Responder	06/01/2022	06/30/2024	Active	
	▶ Bales, Aaron Jay (200326)			Yes	200326	Emergency Medical Responder	05/18/2022	06/30/2024	Active	
	▶ Bales, Mindy Jo (202909)			Yes	202909	Emergency Medical Responder	05/27/2022	06/30/2024	Active	
	▶ Bartlett, Joshua A (128041)			Yes	128041	Emergency Medical Responder	05/25/2022	06/30/2024	Active	
	▶ Bartling, Joseph D (145876)			Yes	145876	Paramedic	04/27/2023	06/30/2025	Active	
	▶ Bouchie, Patricia Marie (202472)			Yes	202472	Emergency Medical Responder	05/18/2022	06/30/2024	Active	
	▶ Brinlee, Rebecca Jean (201658)			Yes	201658	Emergency Medical Responder	05/24/2022	06/30/2024	Active	
	▶ Brown, Jacob Michael (205829)			Yes	205829	Emergency Medical Technician	05/08/2023	06/30/2025	Active	
	▶ Chan, Anthony Chi-Yan (205184)			Yes	205184	Paramedic	04/05/2023	06/30/2025	Active	
	▶ Cooper, Scott Andrew (114425)			Yes	114425	Paramedic	06/01/2023	06/30/2025	Active	
	▶ Copeland, Justin Chad (207351)			Yes	207351	Emergency Medical Technician	05/23/2023	06/30/2025	Active	

	▶ Donat, Jordan W (131326)	Yes	131326	Advanced EMT	04/12/2023	06/30/2025	Active	
	▶ Duncan, Nicholas Kendell (206203)	Yes	206203	Emergency Medical Technician	05/09/2023	06/30/2025	Active	
	▶ Duval, Matthew G (140352)	Yes	140352	Emergency Medical Technician	04/03/2023	06/30/2025	Active	
	▶ Estrada, Elvis (201891)	Yes	201891	Paramedic	04/17/2023	06/30/2025	Active	
	▶ Gille, Matthew (206316)	Yes	206316	Emergency Medical Technician	05/02/2023	06/30/2025	Active	
	▶ Humphrey, Laina Leigh (205356)	Yes	205356	Emergency Medical Technician	04/11/2023	06/30/2025	Active	
	▶ Jackson, Randall L (129029)	Yes	129029	Emergency Medical Technician	05/23/2023	06/30/2025	Active	
	▶ Jacoby, Hannah Grace (206868)	Yes	206868	Emergency Medical Technician	03/24/2023	06/30/2025	Active	
	▶ Lampke, Angel Mercy (204209)	Yes	204209	Paramedic	05/30/2023	06/30/2025	Active	
	▶ Laney, Aimee Kathleen (202901)	Yes	202901	Emergency Medical Technician	03/17/2023	06/30/2025	Active	
	▶ Lindberg, Richard M (118489)	Yes	118489	Paramedic	05/16/2023	06/30/2025	Active	
	▶ Mager, Shawna S (132597)	Yes	132597	Oregon EMT-Intermediate	04/21/2023	06/30/2025	Active	
	▶ Martinez, Andrea J (136412)	Yes	136412	Paramedic	04/03/2023	06/30/2025	Active	
	▶ Martinez, Joanne (201731)	Yes	201731	Emergency Medical Responder	05/18/2022	06/30/2024	Active	
	▶ Nunn, Joshua Joseph (206228)	Yes	206228	Emergency Medical Responder	05/24/2022	06/30/2024	Active	
	▶ Nunn, Kayla Lynn Marie (206230)	Yes	206230	Emergency Medical Technician	04/18/2023	06/30/2025	Active	
	▶ Predmore, Aidan H (202723)	Yes	202723	Advanced EMT	04/27/2023	06/30/2025	Active	
	▶ Puckett, Linda Kathleen (145523)	Yes	145523	Emergency Medical Technician	06/09/2023	06/30/2025	Active	
	▶ Remy JR, Jon D (120006)	Yes	120006	Oregon EMT-Intermediate	04/12/2023	06/30/2025	Active	
	▶ Shivers, Rebecca S (145511)	Yes	145511	Advanced EMT	04/03/2023	06/30/2025	Active	
	▶ Solano, Jessica N (206251)	Yes	206251	Emergency Medical Technician	02/09/2023	06/30/2025	Active	
	▶ Terrones Jr., Thomas Theodore (203094)	Yes	203094	Emergency Medical Technician	04/03/2023	06/30/2025	Active	
	▶ Vets DO, Steven (DO158057)	Yes	DO158057	Doctor of Osteopathic Medicine			Active	
	▶ Vetter, Christopher	Yes	202429	Emergency Medical	05/18/2022	06/30/2024	Active	


Wayne (202429)


Responder


Select I Want To




Records 1-39 of 39 First Previous Next Last Per Page 100 ▾


 = EMS Training
Officer

 = Agent of Medical
Director


 = County EMS Medical Director

 = Primary
Contact

 = Operations
Officer

 = Medical Director

 = Service Director

 = Pediatric Emergency Care
Coordinator

 = Inactive User

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Turner Fire District Vehicle Roster

Medic Name	Model	Type	Plate #	VIN #	Year	License	Status
M9507	Ford F-550 Ambulance Braun NW	Ground Type 1	E287712	1FDUF5HT7LEC49507	2020	41159	Active
M9508	Ford F-550 Ambulance Braun NW	Ground Type 2	E287715	1FDUF5HT9LEC49508	2020	41160	Active



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/07/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WHA Insurance Agency 2930 Chad Drive Eugene OR 97408		CONTACT NAME: Stephani Kunce PHONE (A/C, No, Ext): (800) 852-6140 FAX (A/C, No): (541) 342-3786 E-MAIL ADDRESS: skunce@whainsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Special Districts Assoc of OR	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 23/24 GL/AU **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			38P52872	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ None PRODUCTS - COMP/OP AGG \$ \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			38P52872	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Excess Non-Owned/ \$ 4,500,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Stephani Kunce

Auto Liability and Auto Physical Damage Coverage Declarations**Certificate Number:** 38P52872-782**Coverage Period:** 1/1/2023 through 12/31/2023**Named Participant**Turner Fire District
7605 Third St SE
Turner, OR 97392**Agent of Record**WHA Insurance
2930 Chad Dr
Eugene, OR 97408**Coverage is only provided for those coverages indicated below for which a contribution is shown.****Auto Liability**

Coverage	Per Accident Limit of Liability	Deductible	Contribution
Auto Liability	\$500,000	None	\$2,365
Non-Owned/ Hired Auto Liability	\$500,000	None	\$175

Applicable Coverage Document: SDIS Auto Liability Coverage Document January 1, 2023**Auto Physical Damage**

Coverage	Per Accident Limit of Liability	Deductible	Contribution
Auto Physical Damage	Per Schedule	Per Schedule	\$6,198
Hired Auto Physical Damage	No Coverage	No Coverage*	No Coverage

Applicable Coverage Document: SDIS Auto Physical Damage Coverage Document January 1, 2023

This Certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Auto Liability Coverage Document and SDIS Auto Physical Damage Coverage Document. This certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Auto Liability Coverage Document and SDIS Auto Physical Damage Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions to which they relate.

Countersigned by:**Date:** January 01, 2023Authorized Representative
Special Districts Insurance Services

* If two deductibles are displayed (ie: \$100/\$200), the first applies to Comprehensive Coverage and the second Collision Coverage.



APPLICATION FOR AMBULANCE SERVICE AREA FRANCHISE

PLEASE CHECK, TYPE OR. PRINT THE APPROPRIATE RESPONSES.

Be sure to complete all items. Mail or hand deliver the completed application to: Marion County Health Department, 3180 Center St NE, Salem, OR 97301, Attn. Marion County ASA Administrator.

Application must be received by September 5, 2023 @ 5:00 PM.

I. Ambulance Service Area You Are Applying to Serve: ASA 9

II. Ambulance Service Information

Ambulance Service Name: Jefferson Rural Fire Protection District

Other Business Names: N/A

Parent Company / Owner: N/A

Mailing Address: Po Box 911
Jefferson, OR 97352

Type of Agency (Check one): ☒ Fire Dept/Dist. ☐ Municipal ☐ Hospital ☐ Private
☐ Other

Type of Ownership (Check one): ☒ Government ☐ Sole Proprietor ☐ Partnership ☐ Corporation
☐ Limited Liability Company ☐ Special District ☐ Other

Type of Service Provided (Check all that apply): ☒ Ground ☐ Marine ☐ Air

Medicare Provider Number: R101650

Medicaid Provider Number: 158862

III. Contact Information for Official Communications with Marion County

Name: Stephanie McClung

Address (If different from above):

Non-Emergency Phone and Fax: 541-327-2822

Email: smcclung@jeffersonfire.org

IV. Staffing

Type of Personnel Used (Check all that apply):

<input type="checkbox"/> EMR	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> EMT	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Advanced EMT	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Oregon Intermediate	<input checked="" type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Paramedic	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Non-EMT Driver	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Pilot	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer

Level of Service Provided (Check all that apply):

<input checked="" type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided only part of a 24 hour day.

EMS Training Director's Name: Stephanie McClung

EMS Training Director's Email: smcclung@jeffersonfire.org

V. Medical

Medical Director Information:

Medical Director's Name: Dr. Daniel Sprague

Medical Director's Email: daniel.l.sprague@gmail.com

Signed Standing Orders: (Standing orders must have been signed within the past twelve months.)

<input checked="" type="checkbox"/> Signed standing orders for EMRs	Date signed: 4/1/2023
<input checked="" type="checkbox"/> Signed standing orders for EMTs	Date signed: 4/1/2023
<input checked="" type="checkbox"/> Signed standing orders for Advanced EMTs.	Date signed: 4/1/2023
<input checked="" type="checkbox"/> Signed standing orders for Oregon Intermediates	Date signed: 4/1/2023
<input checked="" type="checkbox"/> Signed standing orders for Paramedics	Date signed: 4/1/2023

☒ Our medical director has authorized the purchase and use of controlled substances.

If checked, you must have a DEA license containing the name of your medical director and the name and address if your ambulance service.

Our DEA license has an expiration date of: 2/28/2026

☒ Our medical director has authorized the use of blood glucose monitoring devised to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number: 38D0898890

Expiration Date: 12/31/2023

VI. Proof of financial responsibility

Proof of general liability/umbrella insurance in the amount of not less than \$1,500,000 per occurrence and Auto insurance in the amount of not less than \$1,500,000 per accident and in the form of a certificate of insurance or letter from the carrier. Applicants may be self-insured. Attach a copy of current certificate of insurance or self insurance.

Ground Ambulance Liability:

Name of Insurance Company Special District Association of Oregon

Expiration Date: 12/20/2023

Air Ambulance Liability:

Name of Insurance Company

Expiration Date:

Personnel Liability:

Name of Insurance Company: Special District Association of Oregon

Expiration Date: 12/20/2023

VII. Briefly describe how you will provide /ensure 24/7 ALS ambulance service for your Ambulance Service Area. List and explain any subcontracts you have or anticipate having as part of your services. Describe your general approach to deployment and location of personnel and equipment as well as plans for surge capacity. (Use additional sheets if needed.)

The Jefferson Fire District employs 3 full time and 10 part time paramedics as well as 15 part time EMTs working a monthly schedule to cover one ALS medic unit 24/7/365.

If there is a need for staffing the second ALS medic and the first out ambulance is staffed with two paramedics we split the first out crew and pull EMT's from other apparatus to make two ALS crews.

Jefferson also utilizes In-District volunteers with EMS certifications who live in the District and respond when available to staff the second out medic unit.

We have a written mutual aid agreement with neighboring ASA agencies to assist when additional medics are needed.

VIII. Attach a staff roster including names, EMT level, certificate number, and expiration date.

See Attached

IX. Attach a vehicle roster for all state ambulances. Include ambulance type and year.

1. Type - 3

Year - 2004

Make/Model - Ford F450

2. Type - 1

Year - 2020

Make/Model - Dodge 5500

STATEMENT OF TRUTH OF APPLICATION

Stephanie McClung, being first duly sworn, depose and that I am an authorized agent of the entity that owns and operates the ambulance service described in this application

I certify that there has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service area franchise in the State of Oregon. Where I have relied upon documents submitted by employees/volunteers, I have made a reasonable effort to verify the validity of those documents.

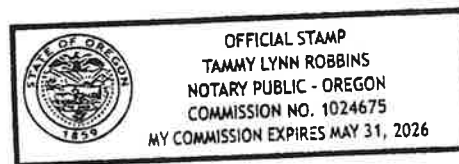
Upon receiving an ambulance service area franchise from Marion County, I authorize disclosure of information by health care facilities, including but not limited to hospitals, nursing homes, or free standing medical centers, to the County relating to service provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

I have carefully read the application and answered the appropriate questions completely and without reservations, of any kind, and I declare under penalty of perjury that my answers, all statements made and documents provided by me herein are true and correct. Should I furnish any false information in this application. I hereby agree that such act shall constitute cause for the denial, suspension or revocation of this ambulance service area franchise to operate in the State of Oregon.

Stephanie McClung
(Authorized Agent to sign in presence of Notary Public)

Subscribed and sworn to before me this 7/27 day of , 20 23 Notary Public
Notary Public for My Commission Expires
Seal

Tammy Lynn Robbins
(Notary Signature)



Mail or hand deliver the completed application and all requested documents to the:

Attn: Marion County ASA Administrator
Marion County Health Department 3180
Center St. NE Salem OR 97301

Name	Number	Level	Expiration Date
Larsen, Shannon	131678	Paramedic	6/30/2025
Jackson, Kristene	131334	Paramedic	6/30/2025
Clark, James	202537	Paramedic	6/30/2025
Keifer, Dalton	205309	EMT	6/30/2025
McCallum, Paul	135075	Paramedic	6/30/2025
Verdun, Timothy	137138	Paramedic	6/30/2025
Pineda, Eric	200100	EMT	6/30/2025
Mellander, Jacob	138825	Paramedic	6/30/2025
Chavez, Chelsea	204906	EMT	6/30/2025
McClung, Stephanie	133338	Paramedic	6/30/2025
Eckhardt, Levi	123322	EMT-Intermediate	6/30/2025
Stanislaw, Jennifer	128406	Paramedic	6/30/2025
Mangrum, Rebecca	139854	EMT	6/30/2025
Williams, Alexis	207136	EMT	6/30/2025
McCullough, Evan	207209	EMT	6/30/2025
Hartford, Lindsey	206464	EMT	6/30/2025
Hofmann, Makenzie	145497	Paramedic	6/30/2025
Sonne, Megan	202507	EMT	6/30/2025
Peterson, Erik	201771	EMT	6/30/2025
Names, Brandon	144996	Paramedic	6/30/2025
Shepherd, Scott	108282	Paramedic	6/30/2025
Johnson Jr, Herman	114108	EMT	6/30/2025
Gisler Jr, Louis	140554	EMT	6/30/2025
Torres Remigio, Angel	206751	EMT	6/30/2025
Kastle, Misty	205694	EMT	6/30/2025
Hinderks, Jay	131586	EMT	6/30/2025
Halvardson, Antoni	142997	EMT	6/30/2025
Holland, Jeffrey	145672	Paramedic	6/30/2025
Harmon, Jake	202856	EMT	6/30/2025
Sousa, Kailey	205094	EMT	6/30/2025
Bono, Aileen	123478	Paramedic	6/30/2025



APPLICATION FOR AMBULANCE SERVICE AREA FRANCHISE

PLEASE CHECK, TYPE OR. PRINT THE APPROPRIATE RESPONSES.

Be sure to complete all items. Mail or hand deliver the completed application to: Marion County Health Department, 3180 Center St NE, Salem, OR 97301, Attn. Marion County ASA Administrator.

Application must be received by September 5, 2023 @ 5:00 PM.

I. Ambulance Service Area You Are Applying to Serve: ASA 10

II. Ambulance Service Information

Ambulance Service Name: Polk County Fire District No. 1

Other Business Names: n/a

Parent Company / Owner: Ben Stange, Fire Chief

Mailing Address: 1800 Monmouth St

Independence, OR 97351

Type of Agency (Check one): ☒ Fire Dept/Dist. ☐ Municipal ☐ Hospital ☐ Private
☐ Other

Type of Ownership (Check one): ☐ Government ☐ Sole Proprietor ☐ Partnership ☐ Corporation
☐ Limited Liability Company ☒ Special District ☐ Other

Type of Service Provided (Check all that apply): ☒ Ground ☐ Marine ☐ Air

Medicare Provider Number: 1376620799

Medicaid Provider Number: 119461

III. Contact Information for Official Communications with Marion County

Name: Frank Ehrmantraut

Address (If different from above):

Non-Emergency Phone and Fax: O: 503.838.1510, F: 503.838.1235

Email: ehrmantraut.frank@polk1.org

IV. Staffing

Type of Personnel Used (Check all that apply):

<input checked="" type="checkbox"/> EMR	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> EMT	<input checked="" type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input type="checkbox"/> Advanced EMT	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Oregon Intermediate	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input checked="" type="checkbox"/> Paramedic	<input checked="" type="checkbox"/> Paid full-time	<input checked="" type="checkbox"/> Paid part-time	<input checked="" type="checkbox"/> Volunteer
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Physician	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Non-EMT Driver	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Pilot	<input type="checkbox"/> Paid full-time	<input type="checkbox"/> Paid part-time	<input type="checkbox"/> Volunteer

Level of Service Provided (Check all that apply):

<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Basic Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided 24 hours-a-day,
<input type="checkbox"/> Intermediate Level of Care:	-Personnel and equipment provided only part of a 24 hour day.
<input checked="" type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided 24 hours-a-day.
<input type="checkbox"/> Advanced Level of Care:	-Personnel and equipment provided only part of a 24 hour day.

EMS Training Director's Name: Frank Ehrmantraut
 EMS Training Director's Email: ehrmantraut.frank@polk1.org

V. Medical

Medical Director Information:

Medical Director's Name: Rebecca Lucas, D.O.

Medical Director's Email: docbmw97@aol.com

Signed Standing Orders: (Standing orders must have been signed within the past twelve months.)

<input checked="" type="checkbox"/> Signed standing orders for EMRs	Date signed: 03/31/2023
<input checked="" type="checkbox"/> Signed standing orders for EMTs	Date signed: 03/31/2023
<input checked="" type="checkbox"/> Signed standing orders for Advanced EMTs.	Date signed: 03/31/2023
<input checked="" type="checkbox"/> Signed standing orders for Oregon Intermediates	Date signed: 03/31/2023
<input checked="" type="checkbox"/> Signed standing orders for Paramedics	Date signed: 03/31/2023

☒ Our medical director has authorized the purchase and use of controlled substances.

If checked, you must have a DEA license containing the name of your medical director and the name and address of your ambulance service.

Our DEA license has an expiration date of: 03-31-2024

☒ Our medical director has authorized the use of blood glucose monitoring devised to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number: 38D0710162

Expiration Date: 12/31/2023

VI. Proof of financial responsibility

Proof of general liability/umbrella insurance in the amount of not less than \$1,500,000 per occurrence and Auto insurance in the amount of not less than \$1,500,000 per accident and in the form of a certificate of insurance or letter from the carrier. Applicants may be self-insured. Attach a copy of current certificate of insurance or self insurance.

Ground Ambulance Liability:

Name of Insurance Company: Special Districts Insurance Services

Expiration Date: 12/31/2023

Air Ambulance Liability:

Name of Insurance Company:

Expiration Date:

Personnel Liability:

Name of Insurance Company: Special Districts Insurance Services

Expiration Date: 12/31/2023

VII. Briefly describe how you will provide /ensure 24/7 ALS ambulance service for your Ambulance Service Area. List and explain any subcontracts you have or anticipate having as part of your services. Describe your general approach to deployment and location of personnel and equipment as well as plans for surge capacity. (Use additional sheets if needed.)

Polk County Fire District No. 1 (PCFD) staffs two ALS ambulances 24 hours per day. The first is staffed with a dedicated crew. The second is staffed with a swing crew that responds on both an ambulance and fire engine depending on the call type. We have administrative staff and volunteers that can staff a third ambulance at their EMS provider level.

The District will be hiring four more staff members during the next five years to permanently staff the second ALS ambulance and staff a third ALS ambulance as needed.

All EMS response is from our Central Station located in Independence. This station is located among our District's most densely populated area.

We have mutual aid contracts during periods of surge that provide for EMS needs when our ambulance units are unavailable. During periods of surge, PCFD utilizes quick response teams to provide stabilizing care while waiting for a transporting unit.

VIII. Attach a staff roster including names, EMT level, certificate number, and expiration date.

Please see attached roster.

IX. Attach a vehicle roster for all state ambulances. Include ambulance type and year.

VIN Number	OR Permit	Make	Model	Year
1HTMNAAM28H671177	40139	International	Lifeline	2008
1FDUF5HT5KEF71867	41068	Ford	Horton	2019
1FDUF5HT0HEE66811	40906	Ford	Horton	2017

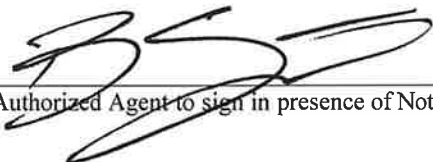
STATEMENT OF TRUTH OF APPLICATION

Ben Stange, being first duly sworn, depose and that I am an authorized agent of the entity that owns and operates the ambulance service described in this application

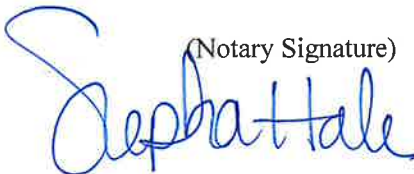
I certify that there has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service area franchise in the State of Oregon. Where I have relied upon documents submitted by employees/volunteers, I have made a reasonable effort to verify the validity of those documents.

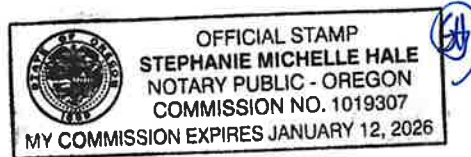
Upon receiving an ambulance service area franchise from Marion County, I authorize disclosure of information by health care facilities, including but not limited to hospitals, nursing homes, or free standing medical centers, to the County relating to service provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

I have carefully read the application and answered the appropriate questions completely and without reservations, of any kind, and I declare under penalty of perjury that my answers, all statements made and documents provided by me herein are true and correct. Should I furnish any false information in this application. I hereby agree that such act shall constitute cause for the denial, suspension or revocation of this ambulance service area franchise to operate in the State of Oregon.


(Authorized Agent to sign in presence of Notary Public)

Subscribed and sworn to before me this 15 day of August, 2023 Notary Public
Notary Public for Ben Stange My Commission Expires 01-12-2026
Seal

(Notary Signature)




Mail or hand deliver the completed application and all requested documents to the:

Attn: Marion County ASA Administrator
Marion County Health Department 3180
Center St. NE Salem OR 97301

Polk County Fire District EMS Roster

Name	Certificate Number	Level	Expiration Date
Chavez, Jose Eduardo	204564	Paramedic	6/30/2025
Hoem, Stephen Edward	201312	Emergency Medical Technician	6/30/2025
Walters, Brady M	135317	Paramedic	6/30/2025
Olson, Neal J	122941	Paramedic	6/30/2025
Champ, Austin L	144466	Paramedic	6/30/2025
Trevorrow, Laura	205498	Emergency Medical Technician	6/30/2025
McMurry, Sean K	125659	Paramedic	6/30/2025
Larson, Gavin Cheney	207278	Emergency Medical Technician	6/30/2025
Baker, Shannon M	130355	Paramedic	6/30/2025
Allen, Evan	201456	Paramedic	6/30/2025
Joles, Jeffrey T	206012	Emergency Medical Technician	6/30/2025
Edgar, Stuart F	141060	Emergency Medical Technician	6/30/2025
Taylor, Caleb R	131346	Emergency Medical Technician	6/30/2025
Li, Skyler Rui	208362	Emergency Medical Technician	6/30/2025
Way, Charles Speed	202774	Emergency Medical Technician	6/30/2025
Kissell, Amy L	124266	Oregon EMT-Intermediate	6/30/2025
Ehrmantraut, Francis M	134387	Paramedic	6/30/2025
Severson, Konner R	205554	Paramedic	6/30/2025
Heller, Nicolas Richard	201269	Paramedic	6/30/2025
Wells, Allison	206221	Emergency Medical Technician	6/30/2025
Paoli, Chad R	128662	Paramedic	6/30/2025
Martin, Lukas Wendell	143528	Paramedic	6/30/2025
Shellito, Brenden Joseph	140993	Emergency Medical Technician	6/30/2025
Johnson, Scott Nathan	208330	Emergency Medical Technician	6/30/2025
Soeller, Bailey A	201672	Paramedic	6/30/2025
Johnson, Jason C	122661	Oregon EMT-Intermediate	6/30/2025
Andersen, Brady James	205952	Paramedic	6/30/2025
Connery, Mollie Ann Janice	145631	Paramedic	6/30/2025
Stange, Benjamin R	131074	Paramedic	6/30/2025
McIntosh, Michael J	131377	Paramedic	6/30/2025
Rusher, Michael William	121534	Paramedic	6/30/2025
Rose, Alex J	201574	Paramedic	6/30/2025
Silver, David James	205767	Emergency Medical Technician	6/30/2025
Camero, Bo Christopher	203366	Emergency Medical Technician	6/30/2025
Miller Homer, Daniel B	146834	Paramedic	6/30/2025
Wagner, Jennifer C	127765	Paramedic	6/30/2025
Dalrymple, Joshua T	127329	Paramedic	6/30/2025
Banuelos Jr., Juventino	203753	Emergency Medical Technician	6/30/2025

SDIS Liability Coverage Declarations

Certificate Number: 38P52339-4859

Coverage Period: 1/1/2023 through 12/31/2023

Named ParticipantPolk County Fire District #1
1800 Monmouth St.
Independence, OR 97351**Agent of Record**WHA Insurance
2930 Chad Dr
Eugene, OR 97408

SDIS Liability Coverage:	Description	Limit ⁽¹⁾	Deductible ^{(2) (3)}
	Per Occurrence Limit of Liability	\$5,000,000	None
	Per Wrongful Act Limit of Liability	\$5,000,000	None
	Annual Aggregate Limit of Liability	No Limit Except As Outlined Below	None

Additional Coverages: List only includes sublimited Additional Coverages. Unless indicated in Section III Additional Coverages, of the SDIS Liability Coverage Document, the following limits are not added to the above identified Limit(s) of Liability.

Coverage	Limit ⁽⁴⁾	Participant Limit ⁽⁵⁾	All Participants Limit ⁽⁶⁾	Deductible	Contribution
Ethics Complaint Defense Costs	\$2,500	\$5,000		None	Included
EEOC/BOLI Defense Costs	\$5,000,000			None	Included
Limited Pollution Coverage	\$250,000	\$250,000		None	Included
Injunctive Relief Defense Costs	\$25,000	\$25,000	Not Applicable ⁽⁷⁾	None	Included
Criminal Defense Costs	\$100,000	\$100,000	\$500,000	None	Included
Premises Medical Expense	\$5,000	\$5,000		None	Included
Fungal Pathogens (Mold) Defense Costs	\$100,000	\$100,000		None	Included
Applicators Pollution Coverage	\$50,000	\$50,000		None	Included
Lead Sublimit Defense Costs	\$50,000	\$50,000	\$200,000	None	Included
Marine Salvage Expense Reimbursement	\$250,000	\$250,000		None	Included
OCITPA Expense Reimbursement	\$100,000	\$100,000	\$500,000	None	Included
Data Disclosure Liability	\$1,000,000	\$1,000,000	\$5,000,000	None	Included
Communicable Disease Defense	\$50,000	\$50,000	\$2,000,000	None	Included
				Total Contribution:	\$23,063

Reference

- (1) Subject to a \$25,000,000 maximum limit for all SDIS Trust Participants involved in the same Occurrence or Wrongful Act.
 (2) Subject to a \$10,000 controlled burn deductible for failure to follow DPSST guidelines.
 (3) Subject to a \$25,000 Employment Practices Deductible when SDIS not contacted for legal advice prior to termination.
 (4) Named Participant's maximum limit per Occurrence or Wrongful Act.
 (5) Named Participant's maximum limit for the Coverage Period.
 (6) Maximum limit of coverage, for all SDIS Trust Participants for the Coverage Period. Does not apply to Injunctive Relief Defense Costs (7).
 (7) Maximum limit of coverage, for all SDIS Trust Participants involved in the same Occurrence or Wrongful Act, is \$100,000.

Forms applicable to Named Participant: SDIS Liability Coverage Document - 01/01/2023

This certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Liability Coverage Document. This certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Liability Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions to which they relate.

Countersigned by:



Date: January 01, 2023

Authorized Representative
Property and Casualty Coverage for Education Trust

Auto Liability and Auto Physical Damage Coverage Declarations**Certificate Number:** 38P52339-4859**Coverage Period:** 1/1/2023 through 12/31/2023**Named Participant**Polk County Fire District #1
1800 Monmouth St.
Independence, OR 97351**Agent of Record**WHA Insurance
2930 Chad Dr
Eugene, OR 97408

Coverage is only provided for those coverages indicated below for which a contribution is shown.

Auto Liability

Coverage	Per Accident Limit of Liability	Deductible	Contribution
Auto Liability	\$500,000	None	\$5,801
Non-Owned/ Hired Auto Liability	\$500,000	None	\$175

Applicable Coverage Document: SDIS Auto Liability Coverage Document January 1, 2023**Auto Physical Damage**

Coverage	Per Accident Limit of Liability	Deductible	Contribution
Auto Physical Damage	Per Schedule	Per Schedule	\$32,319
Hired Auto Physical Damage	No Coverage	No Coverage	No Coverage

Applicable Coverage Document: SDIS Auto Physical Damage Coverage Document January 1, 2023

This Certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Auto Liability Coverage Document and SDIS Auto Physical Damage Coverage Document. This certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Auto Liability Coverage Document and SDIS Auto Physical Damage Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions to which they relate.

Countersigned by:



Date: January 01, 2023

Authorized Representative
Special Districts Insurance Services

* If two deductibles are displayed (ie: \$100/\$200), the first applies to Comprehensive Coverage and the second Collision Coverage.

Auto Excess Liability Coverage Declarations

Certificate Number: 38P52339-4859

Coverage Period: 1/1/2023 through 12/31/2023

Named Participant

Polk County Fire District #1
1800 Monmouth St.
Independence, OR 97351

Agent of Record

WHA Insurance
2930 Chad Dr
Eugene, OR 97408

Coverage is only provided for those coverages indicated below for which a contribution is shown.

Excess Auto Liability

Coverage	Limit of Liability*	Retention	Contribution
Excess Auto Liability	\$4,500,000	\$500,000	Included with Auto Liability
Excess Non-Owned/ Hired Auto Liability	\$4,500,000	\$500,000	Included with Non-Owned/ Hired Auto Liability

Applicable Coverage Document: SDIS Excess Auto Liability Coverage Document - January 1, 2023

This Certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Excess Auto Liability Coverage Document. This Certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Excess Auto Liability Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions to which they relate.

Countersigned by:



Date: January 01, 2023

Authorized Representative
Special Districts Insurance Services

* Per Accident Limit of Liability.

Auto Supplemental Coverage Declarations

Certificate Number: 38P52339-4859

Coverage Period: 1/1/2023 through 12/31/2023

Named Participant

Polk County Fire District #1
1800 Monmouth St.
Independence, OR 97351

Agent of Record

WHA Insurance
2930 Chad Dr
Eugene, OR 97408

Coverage is only provided for those coverages indicated below for which a contribution is shown.

Auto Supplemental

Coverage	Limit of Liability	Deductible	Contribution
Personal Injury Protection	See Coverage Document	None	Included with Auto Liability
Uninsured/ Underinsured Motorist Bodily Injury	\$500,000 Per Accident	None	Included with Auto Liability

Applicable Coverage Document: SDIS Auto Supplemental Coverage Document - January 1, 2023

This certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Auto Supplemental Coverage Document. This certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Auto Supplemental Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions which they relate.

Countersigned by:



Date: January 01, 2023

Authorized Representative
Special Districts Insurance Services

Polk County Fire District #1

Policy Year: 01/01/23 to 12/31/23

Agent: WHA Insurance

Automobile Schedule

Auto Liability Per Occurrence Deductible: \$0.00

Auto Code	Year	Make	Description	Vehicle Identification #	Collision	Comp	Deductible Collision Comp		Value	AL Contribution	APD Contribution
002	1928	Amercian LaFrance	Fire Truck (Old Engine 2)	3477	Yes	Yes	\$1,000	\$1,000	\$30,000.00	\$218.06	\$184.99
		Weight Class:	Hvy Truck	Valuation:	Functional	Term:	01/01/2023 to 12/31/2023				
437	1988	Kenworth	Tender	1NKDL59X9JS511555	Yes	Yes	\$1,000	\$1,000	\$80,000.00	\$218.06	\$493.31
		Weight Class:	Hvy Truck	Valuation:	Functional	Term:	01/01/2023 to 12/31/2023				
406	1996	Jeep	Cherokee	1J4FJ68S6TL227433	No	No	\$500	\$100	\$0.00	\$208.59	\$0.00
		Weight Class:	Lgt Truck	Valuation:	No APD	Term:	01/01/2023 to 12/31/2023				
435	1998	Chevrolet	Silverado	1GCK29J8WE237024	Yes	Yes	\$1,000	\$1,000	\$5,000.00	\$208.59	\$41.01
		Weight Class:	Lgt Truck	Valuation:	Functional	Term:	01/01/2023 to 12/31/2023				
436	1999	Amercian LaFrance	Rescue Vehicle	4Z36ELCBXXRF11433	Yes	Yes	\$1,000	\$1,000	\$100,000.00	\$199.10	\$616.63
		Weight Class:	Med Truck	Valuation:	Functional	Term:	01/01/2023 to 12/31/2023				
451	1999	Ford	F150 Pickup	2FTRX18L6XCA37516	Yes	Yes	\$1,000	\$1,000	\$4,000.00	\$208.59	\$32.82
		Weight Class:	Lgt Truck	Valuation:	Functional	Term:	01/01/2023 to 12/31/2023				
456	2002	Sutphen	Telescopic Aerial Ladder	1S9A3KLEX22003064	Yes	Yes	\$1,000	\$1,000	\$600,000.00	\$218.06	\$3,699.72
		Weight Class:	Hvy Truck	Valuation:	Functional	Term:	01/01/2023 to 12/31/2023				

Auto Code	Year	Make	Description	Vehicle Identification #	Collision	Comp	Deductible Collision Comp		Value	AL Contribution	APD Contribution
460	2008	Ford	Personnel Transport Van	1FBNE31L08DB25963	Yes	Yes	\$1,000	\$1,000	\$5,000.00	\$333.73	\$41.01
		Weight Class:	Lgt Truck	Valuation:	Functional	Term:	01/01/2023 to 12/31/2023				
B459	2008	Ford	Brush Truck	1FDAX57R98ED86753	Yes	Yes	\$1,000	\$1,000	\$120,000.00	\$208.59	\$822.16
		Weight Class:	Lgt Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023				
458	2008	International	Medtech/LifeStar Ambulanc	1HTMNAAM28H671177	Yes	Yes	\$1,000	\$1,000	\$220,000.00	\$265.47	\$2,005.40
		Weight Class:	Med Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023				
475	2008	Toyota	Prius	JTDKB20U387709543	Yes	Yes	\$1,000	\$1,000	\$7,260.00	\$238.93	\$59.56
		Weight Class:	Med Truck	Valuation:	Functional	Term:	01/01/2023 to 12/31/2023				
461	2009	Spartan	Engine	457AU2C988C067998	Yes	Yes	\$1,000	\$1,000	\$400,000.00	\$218.06	\$2,740.55
		Weight Class:	Hvy Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023				
464	2011	Ford	Expedition F250 XLT 4x4 C	1FT7W2B63BEB57943	Yes	Yes	\$1,000	\$1,000	\$50,000.00	\$208.59	\$410.20
		Weight Class:	Lgt Truck	Valuation:	Functional	Term:	01/01/2023 to 12/31/2023				
466	2011	Kenworth	T800 Tanker	1NKDL40X6CJ308509	Yes	Yes	\$1,000	\$1,000	\$200,000.00	\$218.06	\$1,370.27
		Weight Class:	Hvy Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023				
465	2011	Kenworth	T800 Tanker	1NKDL40X4CJ308508	Yes	Yes	\$1,000	\$1,000	\$200,000.00	\$218.06	\$1,370.27
		Weight Class:	Hvy Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023				
S468	2015	Chevrolet	Tahoe	1GNSK3EC8FR514665	Yes	Yes	\$1,000	\$1,000	\$50,000.00	\$250.30	\$410.20
		Weight Class:	Lgt Truck	Valuation:	Functional	Term:	01/01/2023 to 12/31/2023				
467	2015	Chevrolet	Tahoe	1GNSK3EC3FR282525	Yes	Yes	\$1,000	\$1,000	\$50,000.00	\$250.30	\$410.20
		Weight Class:	Lgt Truck	Valuation:	Functional	Term:	01/01/2023 to 12/31/2023				

Auto Code	Year	Make	Description	Vehicle Identification #	Collision	Comp	Deductible Collision Comp		Value	AL Contribution	APD Contribution	
E473	2016	KME	Challenger Custom Pumper	1K9AF4S89GN058240	Yes	Yes	\$1,000	\$1,000	\$402,414.00	\$218.06	\$2,757.07	
Weight Class:		Hvy Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023						
T472	2016	KME	Tender	1HTWCAZR8GH087475	Yes	Yes	\$1,000	\$1,000	\$224,110.00	\$218.06	\$1,535.46	
Weight Class:		Hvy Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023						
E471	2016	KME	Ridgerunner Interface Pum	1HTWCAZR0GH078353	Yes	Yes	\$1,000	\$1,000	\$319,738.00	\$218.06	\$2,190.62	
Weight Class:		Hvy Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023						
E469	2016	KME	Ridgerunner Interface Pum	1HTWCAZR0GH078351	Yes	Yes	\$1,000	\$1,000	\$319,738.00	\$218.06	\$2,190.62	
Weight Class:		Hvy Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023						
E470	2016	KME	Ridgerunner Interface Pum	1HTWCAZR0GH078352	Yes	Yes	\$1,000	\$1,000	\$319,738.00	\$218.06	\$2,190.62	
Weight Class:		Hvy Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023						
474	2017	Ford	F550 Chassis	1FDUF5HT0HEE66811	Yes	Yes	\$1,000	\$1,000	\$240,000.00	\$265.47	\$2,187.71	
Weight Class:		Med Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023						
B478	2019	Ford	Brush Truck	1FDOW5HT9KEF71837	Yes	Yes	\$500	\$100	\$165,000.00	\$265.47	\$1,769.53	
Weight Class:		Med Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023						
M477	2019	Ford	Ambulance	1FDUF5HT5KEF71867	Yes	Yes	\$500	\$100	\$260,000.00	\$290.75	\$2,788.35	
Weight Class:		Hvy Truck	Valuation:	Replacement	Term:	01/01/2023 to 12/31/2023						
Weight Class							Valuation Codes		Total:	\$4,371,998.00	\$5,801.13	\$32,318.28

Weight Class

Priv. Pass = (0 - 10,000 LBS)
 Lgt Truck = (0 - 10,000 LBS)
 Med Truck = (10,001 - 20,000 LBS)
 Hvy Truck = (20,001 - 45,000 LBS)
 XHvy Truck = (OVER 45,000 LBS)

Valuation Codes

Replacement = Replacement Cost Valuation
 Functional = Functional Replacement Cost