



City and County of San Francisco
London N. Breed, Mayor

Department of Emergency Management
Emergency Medical Services Agency

Date: June 3, 2024

To: San Francisco County EMS Providers
Receiving Hospitals and Specialty Centers
EMS Training Programs
Event Medical Planners and Promoters

From: Andrew Holcomb 
EMS Director
Department of Emergency Management (DEM)

Re: Fee Schedule for Fiscal Year 2024 - 2025

The San Francisco EMS Agency fees for Fiscal Year 2024-2025 (FY25) have been approved. Attached is a Fee Schedule for your reference outlining the description of services and the new fees that begin in FY25. The new fees will be reflected on future invoices, EMT and Paramedic Applications, and will be posted on the EMS Agency Website. Annual invoicing will begin in early July 2024.

For future fiscal years (July 1 – June 30), a fee increase is continued to be anticipated for all fee types.

Please contact the EMS Agency if you have any additional questions.

Cc: Mary Ellen Carroll, DEM Executive Director
Rob Smuts, DEM Deputy Director
Will Lee, DEM Deputy Director

Emergency Medical Services Agency

Fee Schedule for Fiscal Year 2024-2025

The new fees noted in this section are effective for FY25.

Description of Services	FY 23-24 Fees	FY 24-25 Fees
Initial Application for Certificate of Operation	13,517.00	14,013.00
Annual Ambulance Renewal	6,758.00	7,006.00
Annual Ambulance Permit	2,163.00	2,242.00
Initial Training Program Application for EMT-P	2,399.00	2,487.00
Initial Training Program Application for EMT	1,602.00	1,661.00
Initial Training Program Application for CE	805.00	834.00
Renewal Training Program Application for EMT-P	1,203.00	1,247.00
Renewal Training Program Application for EMT	879.00	911.00
Renewal Training Program Application for CE	487.00	505.00
Initial EMT Certificate	193.00	200.00
Renewal EMT Certificate	143.00	148.00
Initial and Lapsed EMT-P Accreditation	42.00	44.00
Initial and Lapsed Critical Care Paramedic Endorsement	42.00	44.00
Initial and Lapsed Community Paramedic Accreditation	42.00	44.00
Lost/Duplicate Card Fee	25.00	26.00
Professional Verification Form Completion Fee	25.00	26.00
Receiving Hospital	20,616.00	21,373.00
STEMI Heart Attack Center	25,197.00	26,122.00
Stroke Center	25,197.00	26,122.00
Trauma Center	25,197.00	26,122.00
Pediatric Center	25,197.00	26,122.00
Initial Community Paramedicine Provider	200,000.00	207,340.00
Renewal Community Paramedicine Provider	100,000.00	103,670.00
Event Medical Plan Review Fee 1 to 999 Persons	50.00	52.00
Event Medical Plan Review Fee 1,000 to 4,999 Persons	150.00	156.00
Event Medical Plan Review Fee 5,000 to 9,999 Persons	500.00	518.00
Event Medical Plan Review Fee 10,000 Persons or More	1,000.00	1,037.00

Pro-Rated Ambulance Inspection Fees:

As of July 1, 2024

For Any Ambulance Inspected During

January:	\$187 x 9 months	= \$1,683
February:	\$187 x 8 months	= \$1,496
March:	\$187 x 7 months	= \$1,309
April:	\$187 x 6 months	= \$1,122
May:	\$187 x 5 months	= \$935
June:	\$187 x 4 months	= \$748
July:	\$187 x 3 months	= \$561
August:	\$187 x 2 months	= \$374
September:	\$187 x 1 month	= \$187
October:	\$187 x 12 months	= \$2,242 (FY24-25 rate)
November:	\$187 x 11 months	= \$2,057
December:	\$187 x 10 months	= \$1,870