

**1201****Fee Schedule****Administrative Policy**Last Reviewed: **July 1, 2025**Last Revised: **July 1, 2025****PURPOSE**

To provide a transparent fee schedule for all REMSA-credentialed providers, ground and air ambulance transport organizations, specialty care and base hospitals, EMS training programs, and continuing education providers within REMSA's jurisdiction.

**NOTE**

Fees will be reviewed and adjusted annually based on the Consumer Price Index (CPI) data published by the U.S. Bureau of Labor Statistics. Do not rely on printed copies of this document for accurate fee information; always refer to [RivCoReady.org/remsa](http://RivCoReady.org/remsa) for the most current schedule.

Application Type - CREDENTIALING	Fee <sub>1</sub>	Frequency
EMT Certification - Initial	\$200	Once <sub>2</sub>
EMT Recertification, New to Riverside County	\$200	Once <sub>2</sub>
EMT Recertification	\$200	Every two (2) years <sub>2, 3</sub>
<b>LATE FEE</b>	\$10	When applicable
EMT Replacement Card	\$10	As needed
Paramedic Accreditation - Initial	\$200	Once <sub>4</sub>
Paramedic Accreditation - Reverification	\$200	Every two (2) years <sub>3</sub>
<b>LATE FEE</b>	\$25	When applicable
MICN Authorization – Initial	\$200	Once
MICN Authorization – Reauthorization	\$200	Every two (2) years <sub>3</sub>
<b>LATE FEE</b>	\$25	When applicable

<sub>1</sub> All fees paid to REMSA for the purposes of credentialing are non-refundable.

<sub>2</sub> Includes EMSA's Personnel Registry fee; does NOT include costs associated with LiveScan fingerprinting ("re-rolling" is not required for applicants who are recertifying).

<sub>3</sub> Frequency may be less than two (2) years depending on credential expiration date.

<sub>4</sub> May be required to pay more than once if / when certain conditions are met.

Application Type – PERMITTING	Fee	Frequency
Advanced Life Support (ALS) Critical Care Transport (CCT) and Air Ambulance / Helicopter (HEMS)	\$7,000 (each permit)	Annually
Basic Life Support (BLS)	\$4,000	Annually
<b>INSPECTION:</b> Individual Unit Fee	\$500	Annually and when required

<b>Application Type – HOSPITAL DESIGNATION</b>	<b>Fee</b>	<b>Frequency</b>
Trauma Designation	\$65,000	Annually
Stroke / STEMI Designation	\$50,000 (each)	Annually
Pediatric Receiving Designation	\$45,000	Annually
Base Hospital Designation	\$35,000	Annually

<b>Application Type – EDUCATION AND WORKFORCE DEVELOPMENT</b>	<b>Fee</b>	<b>Frequency</b>
EMT Training Program Approval	\$3,000	Every four (4) years
Paramedic Training Approval	\$5,000	Every four (4) years
Continuing Education Provider Approval	\$2,000 <sub>1</sub>	Every four (4) years

<sub>1</sub> Continuing Education Provider application fees are not included in base hospital designation application fees.