



City and County of San Francisco
Daniel Lurie, Mayor

Department of Emergency Management
Emergency Medical Services Agency

Date: June 9, 2026

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

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

Re: Fee Schedule for Fiscal Year 2026 - 2027

The San Francisco EMS Agency fees for Fiscal Year 2026-2027 (FY27) have been approved for July 1 implementation. Attached is a Fee Schedule for your reference outlining the description of services and the new fees that begin in FY27. 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 2026.

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
Will Lee, DEM Deputy Director

Emergency Medical Services Agency

Fee Schedule for Fiscal Year 2026-2027

The new fees noted in this section are effective for FY27.

Description of Services	FY 25-26 Fees	FY 26-27 Fees
Initial Application for Certificate of Operation	14,400.00	14,714.00
Annual Renewal for Certificate of Operation	7,200.00	7,357.00
Annual Ambulance Permit	2,304.00	2,354.00
Initial Training Program Application for EMT-P	2,556.00	2,612.00
Initial Training Program Application for EMT	1,707.00	1,744.00
Initial Training Program Application for CE	857.00	876.00
Renewal Training Program Application for EMT-P	1,281.00	1,309.00
Renewal Training Program Application for EMT	936.00	956.00
Renewal Training Program Application for CE	519.00	530.00
Initial EMT Certificate	206.00	210.00
Renewal EMT Certificate	152.00	155.00
Initial and Lapsed EMT-P Accreditation	45.00	46.00
Initial and Lapsed Critical Care Paramedic Endorsement	45.00	46.00
Initial and Lapsed Community Paramedic Accreditation	45.00	46.00
Lost/Duplicate Card Fee	27.00	27.00
Professional Verification Form Completion Fee	27.00	27.00
Receiving Hospital	21,963.00	22,442.00
STEMI Heart Attack Center	26,844.00	27,429.00
Stroke Center	26,844.00	27,429.00
Trauma Center	26,844.00	27,429.00
Pediatric Center	26,844.00	27,429.00
Initial Community Paramedicine Provider	213,068.00	217,713.00
Renewal Community Paramedicine Provider	106,534.00	108,857.00
Event Medical Plan Review Fee 1 to 999 Persons	53.00	54.00
Event Medical Plan Review Fee 1,000 to 4,999 Persons	160.00	163.00
Event Medical Plan Review Fee 5,000 to 9,999 Persons	533.00	544.00
Event Medical Plan Review Fee 10,000 Persons or More	1,065.00	1,089.00

Pro-Rated Ambulance Inspection Fees:

As of July 1, 2026

For Any Ambulance Inspected During

January:	\$196 x 9 months	= \$1,764
February:	\$196 x 8 months	= \$1,568
March:	\$196 x 7 months	= \$1,372
April:	\$196 x 6 months	= \$1,176
May:	\$196 x 5 months	= \$980
June:	\$196 x 4 months	= \$784
July:	\$196 x 3 months	= \$588
August:	\$196 x 2 months	= \$392
September:	\$196 x 1 month	= \$196
October:	\$196 x 12 months	= \$2,354 (FY26-27 rate)
November:	\$196 x 11 months	= \$2,156
December:	\$196 x 10 months	= \$1,960