

EMT TRAINING PROGRAMS (# 4601)

Note: EMT Training Program requirements can be found in the California Code of Regulations, Title 22, Division 9, Chapter 2, Article 3, § 100057 – 58, 100065 – 78, and 100082. The EMT Training Program Application Packet that must be submitted with this application can be requested from the EMS office.

Initial Application Renewal

EMT TRAINING PROGRAM NAME: _____

PROVIDER LOCATION (County of primary headquarters): _____

MAILING ADDRESS: _____
Street City Zip

PHONE NUMBER: (____) _____ **FAX NUMBER:**(____) _____

PROGRAM DIRECTOR: _____ **email:** _____

CLINICAL COORDINATOR: _____

APPLYING FOR: Full program with refresher Refresher only

ELIGIBILITY:

- Accredited universities and colleges including junior and community colleges, school districts, and private post-secondary schools
- Medical training units of a branch of the Armed Forces or the Coast Guard of the United States
- Licensed general acute care hospitals which meet the following criteria:
- Agencies of government including public safety agencies

STUDENT ELIGIBILITY: Employees only Open to the public

LOCAL EMS AGENCY AUTHORITY: All EMT training programs located in Alameda County, regardless of where headquartered or approved, are required to submit on an on-going basis, up-to-date training program information, including program director, clinicals coordinators, principle instructors, class schedules, and rosters; and may be audited for compliance with regulations. Title 22, Division 9, Chapter 2, Article 1, § 100057 – 58, Article 3, § 100066, 100071 & 100077, Article 4, § 100082.

CONTINUING EDUCATION PROVIDER: Training Programs approved through Alameda County EMS are automatically granted approval as Continuing Education (CE) Providers per Title 22, Division 9, Chapter 2, Article 3, § 100069. CE Provider requirements are found in Title 22, Division 9, Chapter 11.

I certify that I have read and understand the requirements in Title 22, Chapter 2, Article 3 to be an approved EMT Training Program and Chapter 11 to be a Continuing Education Provider, and will comply with the requirements as described. I certify that all information on this application, to the best of my knowledge, is true and correct. I understand that failure to comply with the requirements in Title 22 may result in revocation of this program approval.

Program Director Signature: _____ **Date:** _____
 e-mail address: _____

For Alameda County EMS Use Only

Application Received	Application Incomplete - Returned	Application Approved	Expiration Date	Reviewed By
/ /	/ /	/ /	/ /	

Comments: _____

EMT TRAINING PROGRAM

Application Check-list

The following material must be submitted with your initial or renewal application form (Policy 4601). Failure to provide the required material within the required timeframe will delay your approval or re-approval as an EMT Training Program.

Material to be submitted:	Full program	Full Program Renewal	Refresher only	Refresher Only Renewal	EMS agency use
Application form (policy #4601)					
Program Director Resume Form					
Program Clinical Coordinator Resume Form					
Principal Instructor Form (one for each principal instructor)			*	*	
Teaching Assistants Form			*	*	
A statement identifying which EMT-I curriculum is used			*	*	
A statement attesting to the number of course hours (broken down by didactic and skills, and ambulance and/or emergency room)					
A course outline					
Sample lesson plans	Two plans	Two plans	One plan	* One plan	
A statement identifying hospitals used for clinicals					
A statement identifying ambulance providers used for clinicals					
Sample tamper resistant course completion certificate					
Sample copy of a final skills verification examination			*	*	
Sample copy of a final written examination			*	*	
A statement of provisions for course completion by challenge exam					
A statement of provisions for a refresher course					
A calendar of courses given in the past year				*	
If you are a certifying authority not offering a refresher course, a statement indicating you certify based on CE					

The white boxes indicate material to be submitted
* = material to be submitted only if offering refresher courses

EMT TRAINING PROGRAM PROGRAM DIRECTOR RESUME

Name: _____

Agency: _____

Address: _____
Street City ZipTelephone number: _____
Main Fax Cell

E-mail address: _____

Qualifications - Each EMT-I training program shall have an approved program director who shall be qualified by education and experience in methods, materials, and evaluation of instruction. Duties of the program director, in coordination with the program clinical coordinator, shall include but not be limited to:

1. Administering the training program.
2. Approving course content.
3. Approving all written examinations and the final skills examination.
4. Coordinating all clinical and field activities related to the course.
5. Approving the principal instructor(s) and teaching assistants.
6. Signing all course completion records.
7. Assuring that all aspects of the EMT-I training program are in compliance with state and local regulations and other related laws.

Experience: Check one and submit documentation verifying one of the following:

- California State Fire Marshal (CSFM) "Fire Instructor 1A and 1B"
- National Fire Academy (NFA) "Fire Service Instructional Methodology" course or equivalent
- A training program of at least 40 hours of teaching methodology that meets the U.S. DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the EMS Educator course of the National Association of EMS Educators
- Submit a resume including licenses/certificates, job and/or clinical experience and demonstration of your education and experience in methods, materials, and evaluation of instruction

I certify that I have read and understand the requirements in Title 22, Chapter 2, Article 3 regarding the duties of Program Director, and in approving Principal Instructors and Teaching Assistants, and will comply with the requirements as described. I certify that all information on this application, to the best of my knowledge, is true and correct.

Signature_____
Date

EMT TRAINING PROGRAM PROGRAM CLINICAL COORDINATOR RESUME

Name: _____

Agency: _____

Address: _____
Street
City
ZipTelephone number: _____
Main
Fax
Cell

E-mail address: _____

Qualifications: Each training program shall have an approved program clinical coordinator who shall be either a physician, registered nurse, physician assistant, or a paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years. Duties of the program clinical coordinator shall include, but not be limited to:

- (1) Responsibility for the overall quality of medical content of the program;
- (2) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

California License: (submit a copy)

- Physician
 Registered nurse
 Physician assistant
 Paramedic

Experience: (submit a resume including licenses/certificates, job and/or clinical experience documentation of at least two years in emergency medicine or prehospital care within the last five (5) years in at least one of the following areas - check all that apply).

- Academic
 Clinical

I certify that I have read and understand the requirements in Title 22, Chapter 2, Article 3 regarding the duties of Clinical Coordinator, and will comply with the requirements as described. I certify that all information on this application, to the best of my knowledge, is true and correct.

Signature: _____ Date: _____

Program Director signature: _____ Date: _____

EMT TRAINING PROGRAM

PRINCIPAL INSTRUCTOR(S)

Name: _____

Agency: _____

Address: _____

Street

City

Zip

Telephone number: _____

Main

Fax

Cell

E-mail address: _____

California License/Certificate: (submit a copy)

- Physician
- Registered nurse
- Physician assistant
- Paramedic
- EMT-1

Teaching Experience: Each EMT-I training program shall have a principle instructor(s), approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned, who shall be qualified by education and experience in methods, materials, and evaluation of instruction. Check one and submit documentation verifying one of the following:

- California State Fire Marshal (CSFM) "Fire Instructor 1A and 1B"
- National Fire Academy (NFA) "Fire Service Instructional Methodology" course or equivalent
- A training program of at least 40 hours of teaching methodology that meets the U.S. DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the EMS Educator course of the National Association of EMS Educators

Experience: Submit a resume including licenses/certificates, job and/or clinical experience documentation of at least two years in emergency medicine or prehospital care within the last five (5) years in at least one of the following areas - check all that apply).

- Academic
- Clinical

I certify that I have read and understand the requirements in Title 22, Chapter 2, Article 3 regarding the duties of Principal Instructor, and will comply with the requirements as described. I certify that all information on this application, to the best of my knowledge, is true and correct.

Signature: _____ Date: _____

Program Director signature: _____ Date: _____

Clinical Coordinator signature: _____ Date: _____

EMT TRAINING PROGRAM TEACHING ASSISTANTS

Name: _____

Employer: _____

Qualifications: California EMT / EMT-P / RN / Other _____

License /Certificate Number: _____ (submit a copy)

Experience: _____

Name: _____

Employer: _____

Qualifications: California EMT / EMT-P / RN / Other _____

License /Certificate Number: _____ (submit a copy)

Experience: _____

Name: _____

Employer: _____

Qualifications: California EMT / EMT-P / RN / Other _____

License /Certificate Number: _____ (submit a copy)

Experience: _____

Name: _____

Employer: _____

Qualifications: California EMT / EMT-P / RN / Other _____

License /Certificate Number: _____ (submit a copy)

Experience: _____

Name: _____

Employer: _____

Qualifications: California EMT / EMT-P / RN / Other _____

License /Certificate Number: _____ (submit a copy)

Experience: _____

Duplicate page for additional teaching assistants