



PUBLIC SAFETY FIRST AID (PSFA) TRAINING PROGRAM APPLICATION

Initial Application

Renewal

Program Change

PSFA TRAINING PROGRAM FEES: Agencies of Government, Hospitals, and Community Colleges. . . . \$1,500.00
Private Programs. \$3,000.00

PSFA HF5-B-B; DFC; F5A NAME: AA _____ Á

PRIMARY LOCATION OF TRAINING PROGRAM: _____ Á

MAILING ADDRESS: _____
Street City State Zip

PHONE NUMBER: _____ **FAX NUMBER:** _____

NAME OF PROGRAM DIRECTOR: _____

TYPE OF AGENCY (Check One):

EMS PROVIDER

PUBLIC SAFETY AGENCY

HOSPITAL

EMT TRAINING PROGRAM

PARAMEDIC TRAINING PROGRAM

OTHER SCHOOL

INDIVIDUAL

OTHER: _____

ESTIMATED NUMBER OF PSFA COURSES TO BE OFFERED PER YEAR: _____

I certify that I have read and understand the requirements in Title 22, Division 9, Chapter 1.5, to be an approved Public Safety First Aid (PSFA) 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 or providing false information may result in withdrawal of PSFA Provider approval.

Program Director Signature: _____

Date: _____
(MM/DD/YYYY)

For Alameda County EMS Use Only

Packet Received	Application Incomplete - Returned	Approval Date	Expiration Date	Reviewed By

PSFA TRAINING PROGRAM APPLICATION

Application Check-list

The following material must be submitted with your initial or re-approval application form. Failure to provide the required material will delay your approval or re-approval as a PSFA Provider.

Any person or agency conducting a training program shall notify the Alameda County Emergency Medical Services District (“District”) in writing within thirty (30) calendar days of any changes in the program.

The District may request additional materials or documentation as a condition of course approval.

Material to be submitted:	Initial program	Program Renewal
Application Form		
Program Director Resume		
Name and Credentials of Instructor(s)		
Instructor Requirements/Maintenance		
Detailed Initial Course Outline (21 hours min)		
Detailed Retraining Course Outline (8 hours min)		
Update Training Plan		
Final Written Examination with Pre-established Scoring Standards		
Skill Competency Testing Criteria, with Pre-established Scoring Standards		
Course Evaluation Form/Method		
Sample of Tamper Resistant Course Completion Certificate		
Grievance Procedures		

Please return this application to:

Alameda County EMS
 Attn: Training Programs Unit
 1000 San Leandro Blvd., 2nd floor
 San Leandro, CA 94577
 (510) 618-2050

PSFA TRAINING PROGRAM APPLICATION

LIST OF INSTRUCTORS

Name: _____
Last First MI

Employer: _____

Qualifications: EMT -P / RN / Other: _____

License Number : _____ (submit a copy)

Name: _____
Last First MI

Employer: _____

Qualifications: EMT -P / RN / Other: _____

License Number : _____ (submit a copy)

Name: _____
Last First MI

Employer: _____

Qualifications: EMT -P / RN / Other: _____

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Last First MI

Employer: _____

Qualifications: EMT -P / RN / Other: _____

License Number : _____ (submit a copy)

Name: _____
Last First MI

Employer: _____

Qualifications: EMT -P / RN / Other: _____

License Number : _____ (submit a copy)