Print Clear

EMT TRAINING PROGRAMS

Program Approval

☑ Initial Application ☐ Renewal ☐ Program Change

TRAINNG PROGRAM FEES: Agencies of Government, Hospitals, and Community Colleges **$1,500.00**

Private Programs **$3,000.00**

EMT TRAINING PROGRAM NAME: _____

PROVIDER LOCATION (County of primary headquarters): _____

MAILING ADDRESS: _____ (Street) _____ (City) _____ (State) _____ (Zip)

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

PROGRAM DIRECTOR: _____

CLINICAL COORDINATOR: _____

APPLYING FOR: ☐ Full program with refresher ☐ Refresher only ☐ Certifying Entity

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
- ☐ Agencies of government including public safety agencies
- ☐ Local EMS Agency's (LEMSA's)

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, clinical 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.

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:** _____ (MM/DD/YYYY)

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. 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	☐	☐	☐	☐	
Program Fees	☐	☐	☐	☐	
Program Director Documentation	☐	☐	☐	☐	
Program Clinical Coordinator Documentation	☐	☐	☐	☐	
Principal Instructor(s) Documentation	☐	☐	☐	☐	
Teaching Assistants Documentation	☐	☐	☐	☐	
A signed statement identifying which EMT curriculum is used	☐	☐	☐		
A signed 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	☐ 2 plans	☐ 2 plans	☐ 1 plan	☐ 1 plan	
A signed statement identifying transport providers and /or hospitals used for clinicals	☐	☐	☐		
Signed statements describing the facilities and equipment, and provisions for examination security and student record keeping	☐	☐	☐		
Sample tamper resistant course completion certificate	☐	☐	☐		
Sample copy of a final skills verification examination	☐	☐			
Sample copy of a final written examination	☐	☐			
A signed statement of provisions for course completion by challenge exam	☐	☐			
A signed statement of provisions for a refresher course	☐	☐	☐		
A calendar of courses given in the past year		☐		☐	

Not Required

EMT TRAINING PROGRAM

PROGRAM DIRECTOR INFORMATION SHEET

Name: _____ _____ _____
Last First MI

Agency: _____

Address: _____ _____ _____ _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____ **Fax:** _____

E-mail: _____

Qualifications - Each EMT training program shall have an approved program director that 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 training program are in compliance with state and local regulations and other related laws.

Experience: 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.
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

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:** _____
(MM/DD/YYYY)

EMT TRAINING PROGRAM

PROGRAM CLINICAL COORDINATOR INFORMATION SHEET

Name: _____ _____ _____
Last First MI

Agency: _____

Address: _____ _____ _____ _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____ **Fax:** _____

E-mail: _____

Qualifications: Each training program shall have an approved program clinical coordinator that 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:** _____
(MM/DD/YYYY)

Program Director Signature: _____ **Date:** _____
(MM/DD/YYYY)

EMT TRAINING PROGRAM

PRINCIPAL INSTRUCTOR(s)

Name: _____ _____ _____
Last First MI

Agency: _____

Address: _____ _____ _____ _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____ **Fax:** _____

E-mail: _____

California License/Certificate: (submit a copy)

- ☐ Physician
- ☐ Registered nurse
- ☐ Physician assistant
- ☐ Paramedic
- ☐ EMT

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:** _____
(MM/DD/YYYY)

Program Director Signature: _____ **Date:** _____
(MM/DD/YYYY)

Clinical Coordinator Signature: _____ **Date:** _____
(MM/DD/YYYY)

Duplicate page for additional principal instructors

TEACHING ASSISTANTS & EMT SKILLS COMPETENCY VERIFICATION

Name: ______________________ ______________________ ______
Last First MI

Qualifications: California EMT / PARAMEDIC / RN / Other: ______________________

License /Certificate Number : ______________ Authorized to verify skills & sign (circle)? ☐ Yes ☐ No

Signature (only if authorized): ______________________

Name: ______________________ ______________________ ______
Last First MI

Qualifications: California EMT / PARAMEDIC / RN / Other: ______________________

License /Certificate Number : ______________ Authorized to verify skills & sign (circle)? ☐ Yes ☐ No

Signature (only if authorized): ______________________

Name: ______________________ ______________________ ______
Last First MI

Qualifications: California EMT / PARAMEDIC / RN / Other: ______________________

License /Certificate Number : ______________ Authorized to verify skills & sign (circle)? ☐ Yes ☐ No

Signature (only if authorized): ______________________

Name: ______________________ ______________________ ______
Last First MI

Qualifications: California EMT / PARAMEDIC / RN / Other: ______________________

License /Certificate Number : ______________ Authorized to verify skills & sign (circle)? ☐ Yes ☐ No

Signature (only if authorized): ______________________

Name: ______________________ ______________________ ______
Last First MI

Qualifications: California EMT / PARAMEDIC / RN / Other: ______________________

License /Certificate Number : ______________ Authorized to verify skills & sign (circle)? ☐ Yes ☐ No

Signature (only if authorized): ______________________

Program or Clinical/Coordinator: ______________________ ______________________ ______________
Name Signature Date (MM/DD/YYYY)

Notify ALCO EMS in writing, in advance when possible, and in all cases within thirty (30) calendar days of any changes to this list.

Duplicate page if needed

EMS stamp date received

Please return this application to:

Kreig Harmon, Paramedic
Prehospital Care Coordinator
Alameda County EMS
1000 San Leandro Blvd., 2nd floor
San Leandro, CA 94577
(510) 667-7984