APPROVAL PACKET

for

Emergency Medical Technician (EMT) Training Program

Emergency Medical Technician (EMT) Training Program

Approval Packet

California regulations require OCEMS to review prospective training programs to assure compliance with State regulations prior to approving the eligible institution's training program. Only approved training programs may offer the training listed below. The purpose of this document is to define the application requirements for Emergency Medical Technician (EMT) Training Program.

REQUIREMENTS FOR EMT TRAINING PROGRAM APPROVAL:

The eligibility and program requirements for Emergency Medical Training Programs are listed in California Code of Regulations (COR), Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 2. Emergency Medical Technician, Article 3. Sections 100065 - 100078 and referenced in the attached application and checklist.

Complete and submit OCEMS EMT Training Program approval forms and checklist for EMT Training Program Approval.

EMT TRAINING PROGRAM

I. PROCEDURES

A. Complete and submit the following to OCEMS:
- Application for EMT Training Program Approval
- Applicable Fees
- Checklist for EMT Training Program Approval
- Hospital/Ambulance Affiliation Information Form

B. The following should be retained by the Training Institution:
- Certification Exam, i.e., passing grade
- Attendance Requirements, etc.
- Certification Exam Eligibility, Clinical Time Verification Form

Application for EMT Training Program Approval

☐ **New** ☐ **Renewal** ☐ **Update**

Program Name _____

Mailing Address _____ **City** _____ **ST** _____ **ZIP** _____

Training Site(s) Address _____ **City** _____ **ST** _____ **ZIP** _____

Phone _____ **FAX** _____

Website _____ **E-mail** _____

Program Director _____ **Title** _____

E-mail _____

License Number _____ **Type** _____

Include evidence of 40 hours in teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.

Clinical Coordinator _____ **Title** _____

E-mail _____

License Number _____ **Type** _____

Principal Instructor _____ **Title** _____

E-mail _____

License Number _____ **Type** _____

Attach required documents for all principal instructors as indicated in COR, Title 22, Division 9, Chapter 2, Section 100070.

Teaching Assistant _____ **Title** _____

E-mail _____

License Number _____ **Type** _____

Attach qualifications for teaching assistants.

Use separate page for additional principal instructor(s) and teaching assistant(s).

Attach Hospital and EMS Service Provider Contracts for clinical and field training.

Provider type (*check one)*:

☐ Branch of the Armed Forces
☐ College or University
☐ Licensed acute care hospital
☐ Public safety agency
☐ Private post-secondary school
☐ School district/ROP
☐ Other: Specify _____

I certify that all information is accurate, to the best of my knowledge, and that I have read and understand the program responsibilities and expectations as outlined in COR, Title 22, Division 9, Chapter 2 (Emergency Medical Technician).

Signed, Program Director _____ Date _____

(OCEMS Use Only)

Date Application Received	Approval Date	Expiration Date	Receipt # / Date Paid

CHECKLIST FOR EMT TRAINING PROGRAM APPROVAL

	Materials to Submit for Program Approval	Page No.	Check Completed
1.	Table of Contents and checklist listing required information with corresponding page numbers (this form)		☐
2.	Application form for EMT training program approval		☐
3.	Statement of eligibility for training program approval		☐
4.	Written request to OCEMS for EMT training program approval		☐
5.	Statement verifying course content is equivalent to the US DOT National Emergency Medical Services Education Standards Emergency Medical Technician Instructional Guidelines (DOT HS 811 077A, January 2009)		☐
6.	Statement verifying CPR training equivalent to the current American Heart Association Guidelines at the Healthcare Provider level		☐
7.	Samples of written and skills examinations used for periodic testing		☐
8.	Final skills competency examination		☐
9.	Final written examination		☐
10.	Name and qualifications of the program director, program clinical coordinator, and principal instructor(s)		☐
11.	Evidence the course/program director has completed 40 hours in teaching methodology or equivalent per COR, Title 22, Division 9, Chapter 2, §100070		☐
12.	Provisions for course completion by challenge, including a challenge examination (if different from final examination)		☐
13.	Provisions for a 24 hour refresher required for renewal or reinstatement		☐
14.	Statement verifying usage of the US DOT EMT - Basic Refresher National Standard Curriculum (DOT HS 808 624, September 1996)		☐
15.	Location where courses are to be offered and the proposed dates		☐
16.	Copy of written agreement with 1 or more acute care hospital(s) to provide clinical experience, or		☐
17.	Copy of written agreement with 1 or more operational ambulance provider(s) to provide field experience		☐
18.	Application fees		☐

EMT TRAINING PROGRAM
HOSPITAL/AMBULANCE AFFILIATION INFORMATION
(ATTACH SIGNED AGREEMENT)

Name(s) of general acute care hospital(s) providing supervised in-hospital clinical experience for the EMT student.

Name: _____

Address: _____

County: _____

Liaison: _____

Title: _____ Phone: _____

E-mail: _____

Name: _____

Address: _____

County: _____

Liaison: _____

Title: _____ Phone: _____

E-mail: _____

Name(s) of ambulance provider agencies providing supervised instruction on an operational ambulance for the EMT student:

Level of Service

Name: _____ ☐ ALS ☐ BLS

Address: _____

County: _____

Liaison: _____

Title: _____ Phone: _____

E-mail: _____

Name: _____ ☐ ALS ☐ BLS

Address: _____

County: _____

Liaison: _____

Title: _____ Phone: _____

E-mail: _____