



## APPLICATION FOR AUTHORIZATION AS APPROVED PUBLIC SAFETY FIRST RESPONDER TRAINING PROGRAM

New     Renewal     Update    Provider # 30- (if applicable)

<b>Program Name</b>	
<b>Mailing Address</b>	
<b>Number, Street</b>	
<b>Suite</b>	
<b>City, State, Zip Code</b>	
<b>Primary Contact Person</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>PROVIDER IS A/AN: (CHECK ONE)</b>	
<input type="checkbox"/> Local EMS Agency	<input type="checkbox"/> Service Provider
<input type="checkbox"/> Base Hospital	<input type="checkbox"/> EMT or EMT-P Training Program
<input type="checkbox"/> Other Hospital	<input type="checkbox"/> University / College
	<input type="checkbox"/> Other School
	<input type="checkbox"/> Other Governmental Agency
	<input type="checkbox"/> Individual
	<input type="checkbox"/> Other CE Provider

**Submit the following, as indicated:**

- Detailed course outline
- Final written examination with pre-established scoring standards
- Skill competency testing criteria, with pre-established scoring standards
- Name and qualifications of instructor(s) (include certification/license information)

**\*Approval does NOT include EMS Continuing Education (CE) provider approval. See OCEMS Policy 530.00**

**I certify that I have read and understand the California Emergency Medical Services (EMS) Public Safety First Aid chapter in Title 22 (Division 9, Chapter 1.5) and OCEMS Policy #535.00 and that program will comply with all components and requirements described therein. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.**

Date: \_\_\_\_\_

SIGNATURE – \_\_\_\_\_  
Training Program Coordinator/Director

**This application, with supporting documentation, should be submitted to:**

Orange County Emergency Medical Services  
405 W. Fifth Street, Suite 301A Santa Ana, CA 92701  
Phone: (714) 834-3500 FAX: (714) 834-3125  
[emslicensing@ochca.com](mailto:emslicensing@ochca.com)

*OCEMS use only*

Application Rec'd Date	Reviewed By	Effective Date	Expiration Date	Provider Number	OCEMS Approval	EMSA notification
<b>Comments</b>						