



EMERGENCY MEDICAL RESPONDER (EMR) TRAINING PROGRAM APPLICATION

<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	
<p style="text-align: center;"><u>Indicate Type of Program Eligibility</u></p> <p><input type="checkbox"/> Accredited universities and colleges including junior and community colleges, school districts, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education</p> <p><input type="checkbox"/> Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.</p> <p><input type="checkbox"/> Licensed general acute care hospitals which meet the following criteria: Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and provide continuing education to other health care professionals.</p> <p><input type="checkbox"/> Agencies of government including public safety agencies</p>		
Name of Training Program:		
Street Address:		
City:	State:	Zip Code:
Telephone:	Fax:	Email:
Training Program Principal Instructor(s)*:		
Training Program Teaching Assistant(s)*:		



I verify that the Emergency Medical Responder course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standards:

- https://www.ems.gov/assets/EMS_Education-Standards_2021_FNL.pdf

I further certify that the program will utilize the appropriate instructor-to-student ratio (at least one principal instructor or teaching assistant for each 10 students during skills practice/laboratory sessions), and that appropriate equipment and adequate classroom space will be available for all instructional activities.

Name/Title

Signature

Date Submitted

* Attach a resume for all proposed Principal Instructor(s) and Teaching Assistant(s)

EMERGENCY MEDICAL RESPONDER TRAINING PROGRAM CHECKLIST

DESCRIPTION	ENCLOSED	APPROVED
Training Program Application – completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
Training program principal instructor(s) and teaching assistant(s) resume's	<input type="checkbox"/>	<input type="checkbox"/>
Training Program Course Location & Proposed Dates	<input type="checkbox"/>	<input type="checkbox"/>
Samples of written and skills examinations used for periodic testing	<input type="checkbox"/>	<input type="checkbox"/>
Final skills competency examination	<input type="checkbox"/>	<input type="checkbox"/>
Final written examination	<input type="checkbox"/>	<input type="checkbox"/>
Sample of the proposed course completion certificate	<input type="checkbox"/>	<input type="checkbox"/>
Description of the program facilities, equipment, examination security and student record keeping (Note: additional evidence of compliance with these items, including initial or periodic site visit(s) by Mountain-Counties EMS Agency staff may be required)	<input type="checkbox"/>	<input type="checkbox"/>
EMR training program approval fee paid	<input type="checkbox"/>	<input type="checkbox"/>
Mountain-Counties EMS Agency Approval		
_____	_____	_____
Name/Title	Signature	Date Approved