

EMT TRAINING PROGRAM APPLICATION

<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> EMT Training Program	<input type="checkbox"/> EMT Refresher Training Program
<u>Indicate Type of Program Eligibility</u>	
<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	
<input type="checkbox"/> Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.	
<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.	
<input type="checkbox"/> Agencies of government including public safety agencies	
Name of Training Program:	
Street Address:	
City:	State:
Zip Code:	
Telephone:	Fax:
Website:	
Training Program Course Director:	
Training Program Clinical Coordinator:	
Training Program Principal Instructor(s):	
Clinical Site(s):	

EMT TRAINING PROGRAM COURSE CURRICULUM VERIFICATION

EMT Training Program

I verify that the Emergency Medical Technician course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009)

I verify that CPR training equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT basic course

EMT Refresher Training Program

I verify that the Emergency Medical Technician Refresher course content is equivalent to the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996.

Name/Title

Signature

Date Submitted

EMT TRAINING PROGRAM CHECKLIST

DESCRIPTION	ENCLOSED	APPROVED
1. Table of contents listing the required information indicated below	<input type="checkbox"/>	<input type="checkbox"/>
2. EMT Training Program Application – completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
3. Course Location and Proposed Dates	<input type="checkbox"/>	<input type="checkbox"/>
4. Training Program Course Director and resume	<input type="checkbox"/>	<input type="checkbox"/>
5. Training Program Clinical Coordinator and resume	<input type="checkbox"/>	<input type="checkbox"/>
6. Training Program Principal Instructor(s) and resume(s)	<input type="checkbox"/>	<input type="checkbox"/>
7. Course outline	<input type="checkbox"/>	<input type="checkbox"/>
8. Copies of written agreements with clinical experience providers	<input type="checkbox"/>	<input type="checkbox"/>
9. Samples of written and skills examinations used for periodic testing	<input type="checkbox"/>	<input type="checkbox"/>
10. Final skills competency examination	<input type="checkbox"/>	<input type="checkbox"/>
11. Final written examination	<input type="checkbox"/>	<input type="checkbox"/>
12. Provisions for EMT course completion by challenge, including a challenge examination (if different from the final examination)	<input type="checkbox"/>	<input type="checkbox"/>
13. Sample of proposed course completion certificate	<input type="checkbox"/>	<input type="checkbox"/>
14. Provisions for a twenty-four (24) hour refresher course required for recertification	<input type="checkbox"/>	<input type="checkbox"/>
15. 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"/>
16. EMT training program fee paid	<input type="checkbox"/>	<input type="checkbox"/>
Mountain-Counties EMS Agency Approval		
_____	_____	_____
Name/Title	Signature	Date Approved