



CONTRA COSTA

HEALTH SERVICES

First Aid/CPR Training Program
Application Packet

Submit completed application and supporting documentation to:

Contra Costa Emergency Medical Services
Attn: First Aid/CPR Training Program Approval
1340 Arnold Drive, Suite 126
Martinez, CA 94553
(925) 646-4690 - cchealth.org/EMS

First Aid/CPR Training Program Checklist

Description	Page #	EMS Use Only
First Aid/CPR Training Program Application – completed and signed		
Program Director Form and resume		
Instructor Form and resume/supporting documentation (for each instructor)		
Description of program facilities, equipment, examination security and student record keeping		
Course Location(s)		
Detailed course outline, including hours		
Final written examination (including scoring standards)		
Final skills competency examination (including scoring standards)		
Sample of course completion certificate (consistent with Title 22, Div 9, Ch 1.5, § 100029)		
Provisions for Retraining Course		
Pre-test for Retraining Course		
Sample course completion certificate (compliant with Title 22, Div 9, Ch 1.5, § 100029)		
First Aid/CPR Training Program Approval Fee		
EMS Agency Use Only		
_____ Reviewed by	_____ Date Approved	_____ Date Expires

Program Director Information

(a) Each Public Safety First Aid and CPR training program shall have an approved program director who duties 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) Approving the instructor(s)*
- (5) Maintaining a current list of instructors with the Contra Costa EMS Agency*
- (6) Signing all course completion records.*
- (7) Assuring that all aspects of the training program are in compliance with Chapter 1.5, Division 9, Title 22 and other related laws.*

Name:		Title:			
Organization:					
Street Address:					
City:			State:		Zip:
Phone:	()	Email:			
Professional License/ Certification Type:				Expiration Date:	
Teaching Credential(s):					

I hereby certify that I meet the qualifications for Program Director as listed above and have attached documentation demonstrating my qualifications. I have read and understand the duties of a Program Director and the requirements for a Public Safety First Aid and CPR training program as specified in State regulation.

Signature of Program Director

Signed in _____ on _____
city/state date

Course Location

Include information listed below for all training locations within Contra Costa County (attach additional sheets as needed)

Proposed Course Dates:					
Class Site Street Address:					
City:		State:		Zip:	
Instructor:					

Proposed Course Dates:					
Class Site Street Address:					
City:		State:		Zip:	
Instructor:					

Proposed Course Dates:					
Class Site Street Address:					
City:		State:		Zip:	
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