



Emergency Medical Technician (EMT) Training Program Application Packet

Submit completed application and supporting documentation to:

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

EMT Training Program Checklist

Description	Page #	EMS Use Only
EMT Training Program Application – completed and signed		
Course Location – Proposed Dates – Textbook Information Form		
Program Director Form and resume/supporting documentation		
Clinical Coordinator Form and resume/supporting documentation		
Principal Instructor Form and resume/supporting documentation (for each principal instructor)		
Teaching Assistant Form and resume/supporting documentation (for each teaching assistant)		
Clinical Experience Affiliation Form		
Copies of written agreements with clinical experience providers		
Samples of written and skills examinations used for periodic testing		
Final skills competency examination		
Final written examination		
Provisions for course completion by challenge, including a challenge examination (if different from final examination)		
Sample of course completion certificate (consistent with Title 22, Div 9, Ch 2, Section 100077)		
Provisions for twenty-four (24) hour refresher course		
Description of program facilities, equipment, examination security and student record keeping		
Sample continuing education (CE) certificate (consistent with Title 22, Div 9, Ch 11, Section 100395(m))		
EMT Training Program Approval Fee		
EMS Agency Use Only		
_____	_____	_____
Reviewed by	Date Approved	Date Expires

EMT Training Program Application

<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
Indicate Type of Program Eligibility:	
<input type="checkbox"/> Accredited University/College (Junior and Community College or Private Postsecondary School) <input type="checkbox"/> Medical Training Unit of a Branch of the Armed Forces or US Coast Guard <input type="checkbox"/> Government Agency, including Public Safety Agency <input type="checkbox"/> Licensed General Acute Care Hospital (must hold a special permit to operate Basic or Comprehensive Emergency Medical Service and provide continuing education to other health care professionals)	
Name of Training Program:	
Street Address:	
City:	State: Zip:
Telephone: ()	Fax: ()
Website:	
Program Director:	
Clinical Coordinator:	
Principal Instructor(s):	
Teaching Assistants:	
Clinical Site(s):	
Course Curriculum Verification	
<input type="checkbox"/>	I verify that the Emergency Medical Technician (EMT) course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077 A, January 2009).
<input type="checkbox"/>	I verify that CPR training equivalent to the current American Heart Association's (AHAs) Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission into this EMT course.

I certify that all information in this application packet is true and correct, to the best of my knowledge, and that I have read and understand the responsibilities and expectations of an EMT training program and prehospital continuing education (CE) provider as outlined in CA Code of Regulations, Title 22, Division 9, Chapter 2 (Emergency Medical Technician), and Chapter 11 (EMS Continuing Education).

_____ at _____ on _____
Program Director Signature City/State Date

Course Location

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

Course Hours

	Basic EMT Course	Refresher Course
Classroom Hours:		
Clinical Hours:		
Field Experience Hours:		
Total Hours:		
Number of Units:	<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Other: (specify) _____	

Textbook Information

Title	Author	Edition	Publisher

Program Director Information

(a) Each EMT training program shall have an approved program director who shall be qualified by education and experience in methods, materials, and evaluation of instruction which shall be documented by at least forty (40) hours in teaching methodology. The courses include but are not limited to the following examples:

- (1) State Fire Marshal Instructor 1A and 1B,
- (2) National Fire Academy's Instructional Methodology,
- (3) Training programs that meet the United States Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.

(b) Duties of the program director, in coordination with the program clinical coordinator, 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) Coordinating all clinical and field activities related to the course.
- (5) Approving the principal instructor(s) and teaching assistants.
- (6) Signing all course completion records.
- (7) Assuring that all aspects of the EMT training program are in compliance with this Chapter and other related laws. (California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100070)

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 an EMT Program Director and the requirements for an EMT training program as specified in State regulation (www.emsa.ca.gov/Media/Default/Word/Regulation_Chapters/Regulations_Chapter_2.0.docx) and County EMS policies (<http://cchealth.org/ems/policies.php>).

Signature of Program Director

Signed in _____ on _____
city/state date

Principal Instructor Information

(d) Each training program shall have a principal instructor(s), who may also be the program clinical coordinator or program director, who shall be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty hours in teaching methodology. The courses include but are not limited to the following examples:

(1) State Fire Marshal Instructor 1A and 1B,

(2) National Fire Academy's Instructional Methodology,

(3) Training programs that meet the United States Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course, and who shall:

(A) Be a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California; or,

(B) Be an Advanced EMT or EMT who is currently certified in California.

(C) Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.

(D) Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned. All principal instructors from approved EMT Training Programs shall meet the minimum qualifications as specified in subsection (d) of this Section.

(California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100070)

Name:		Title:	
Organization:			
Street Address:			
City:		State:	Zip:
Phone:	()	Email:	
Professional License Number:		Expiration Date:	
<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> Paramedic <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced EMT <input type="checkbox"/> EMT			

I hereby certify that I meet the qualifications for Principal Instructor as listed above and have attached documentation demonstrating my qualifications. I have read and understand the duties of an EMT Principal Instructor and the requirements for an EMT training program as specified in State regulation and County EMS policies.

Signature of Principal Instructor

Signed in _____ on _____
city/state date

Approved by _____ Date _____
Program Director Signature

Approved by _____ Date _____
Clinical Coordinator Signature

Teaching Assistant Information

(e) Each training program may have teaching assistant(s) who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be supervised by a principal instructor, the program director and/ or the program clinical coordinator.

(California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100070)

Name:		Title:				
Organization:						
Street Address:						
City:			State:		Zip:	
Phone:	()	Email:				
Professional License Number:				Expiration Date:		

I hereby certify that I meet the qualifications for Teaching Assistant as listed above and have attached documentation demonstrating my qualifications. I have read and understand the duties of an EMT Teaching Assistant and the requirements for an EMT training program as specified in State regulation and County EMS policies.

 Signature of Teaching Assistant

Signed in _____ on _____
 city/state date

Approved by _____ _____
 Program Director Signature Date

Approved by _____ _____
 Clinical Coordinator Signature Date

Clinical Experience Affiliation

*Each approved EMT training program shall have written agreement(s) with one or more general acute care hospital(s) and/or operational ambulance provider(s) or rescue vehicle provider(s) for the clinical portion of the EMT training course. The written agreement(s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience for the EMT student(s). Supervision for the clinical experience shall be provided by an individual who meets the qualifications of a principal instructor or teaching assistant. **No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.** (California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100068)*

Name of Affiliated Site:							
Street Address:							
City:		State:		Zip:			
Contact Person:							
Phone:	()	Email:					

Name of Affiliated Site:							
Street Address:							
City:		State:		Zip:			
Contact Person:							
Phone:	()	Email:					

Name of Affiliated Site:							
Street Address:							
City:		State:		Zip:			
Contact Person:							
Phone:	()	Email:					

(Attach copy of written agreement for each entity listed above)

I hereby certify that I have read, understand and agree to comply with the requirements for clinical experience for an EMT training program as specified in State regulation and County EMS policies.

_____ at _____ on _____
 Program Director Signature City/State Date

_____ at _____ on _____
 Clinical Coordinator Signature City/State Date

Provision for Course Completion by Challenge

(a) An individual may obtain an EMT course completion record from an approved EMT training program by successfully passing by pre-established standards, developed and/or approved by the EMT approving authority pursuant to Section 100066 of this Chapter, a course challenge examination if s/ he meets one of the following eligibility requirements:

(1) The individual is currently licensed in the United States as a Physician, Registered Nurse, Physician Assistant, Vocational Nurse, or Licensed Practical Nurse.

(2) The individual provides documented evidence of having successfully completed an emergency medical service training program of the Armed Forces of the United States within the preceding two (2) years that meets the U.S. DOT National EMS Education Standards (DOT HS 811 077A, January 2009). Upon review of documentation, the EMT certifying entity may also allow an individual to challenge if the individual was active in the last two (2) years in a prehospital emergency medical classification of the Armed Services of the United States, which does not have formal recertification requirements. These individuals may be required to take a refresher course or complete CE courses as a condition of certification.

(b) The course challenge examination shall consist of a competency-based written and skills examination to test knowledge of the topics and skills prescribed in this Chapter.

(c) An approved EMT training program shall offer an EMT challenge examination no less than once each time the EMT course is given (unless otherwise specified by the program's EMT approving authority).

(d) An eligible individual shall be permitted to take the EMT course challenge examination only one (1) time.

(e) An individual who fails to achieve a passing score on the EMT course challenge examination shall successfully complete an EMT course to receive an EMT course completion record.

(California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100078)

Describe process for course challenge: _____

EMT Refresher Course Information

(9) Provisions for a twenty-four (24) hour refresher course required for recertification.

(A) A statement verifying usage of the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996. The U.S. Department of Transportation's EMT-Basic Refresher National Standard Curriculum can be accessed through the U.S. Department of Transportation's website,

<http://www.nhtsa.gov/people/injury/ems/pub/basicref.pdf>.

(California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100066)

EMT Refresher Course				
Name of Training Program:				
Street Address:				
City:		State:		Zip:
Telephone: ()		Fax: ()		
Website:				
Program Director:				
Clinical Coordinator:				
Principal Instructor(s):				
Teaching Assistants:				
Course Curriculum Verification				
<input type="checkbox"/>	I verify that the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996.			
<input type="checkbox"/>	I verify that CPR training equivalent to the current AHA's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission into this EMT course.			

<i>Include the following items for an EMT Refresher course, if different from the EMT Basic course</i>		
Description	Enclosed	Approved
Samples of written and skills examinations used for periodic testing		
Final skills competency examination		
Final written examination		

_____ at _____ on _____
Program Director Signature **City/State** **Date**