



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		
First Aid/CPR Training Program Approval Fee		
EMS Agency Use Only		
_____	_____	_____
Reviewed by	Date Approved	Date Expires

First Aid/CPR Training Program Application

Name of Training Program:									
Street Address:									
City:						State:		Zip:	
Telephone:	()				Fax:	()			
Website:									
Program Director:									
Course Curriculum Verification									
<input type="checkbox"/>	I verify that the First Aid/CPR course content is equivalent to the standards of the American Red Cross and healthcare provider level CPR and AED equivalent to the standards of the American Heart Association, as well as the requirements of California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100017.								
<input type="checkbox"/>	I agree to notify the Contra Costa EMS Agency in writing of any change in approved instructors throughout the term of this program approval.								
<input type="checkbox"/>	I agree that Contra Costa EMS Agency staff may audit any course, or may request training program records at any time to verify compliance with State regulations								

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 a First Aid/CPR training program as outlined in CA Code of Regulations, Title 22, Division 9, Chapter 1.5 (First Aid and CPR Standards and Training for Public Safety Personnel).

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

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

Instructor Information

(a) Training in public safety first aid and CPR for the personnel specified in Section 100014 of this Chapter shall be conducted by an instructor who is:

- (1) Proficient in the skills taught; and
- (2) Qualified to teach by education and/or experience.

(b) Validation of the instructor's qualifications shall be the responsibility of the agency whose training program has been approved by the approving authority pursuant to Sections 100023 and 100024 of this Chapter.

(California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100028)

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	<input type="checkbox"/> Other			
Explanation of Qualifications:				

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

Signature of Instructor

Signed in _____ on _____
city/state date

Approved by _____
Program Director Signature Date

Description of Program Facilities, Equipment, Exam Security and Student Record Keeping

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:	
Instructor:					

Proposed Course Dates:					
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City:		State:		Zip:	
Instructor:					

