

Prehospital/EMS Continuing Education (CE) Provider Application Packet

Submit completed application and supporting documentation to:

Contra Costa County EMS Agency Attn: EMS CE Provider Approval 777 Arnold Drive, Suite 110 Martinez, CA 94553

(925)608-5454 - cchealth.org/EMS

CE Provider Checklist

		Page #	EMS Use Only	
CE Provider Application – comple				
Program Director Form and resun				
Clinical Director Form and resume	e/supporting documentation			
Sample Course Evaluation Form				
Sample continuing education (CE) 11, Section 100395(m))	iv 9, Ch			
Description of program facilities, e record keeping	udent			
CE Provider Approval Fee				
EMS Agency Use Only				
Reviewed by	Date Expires	S		

CE Provider Application

☐ Initial	Renewal				
Type of Entity/Organization:					
Name of CE Provider:					
Street Address:					
City:	State: Zip:				
Telephone: ()	Fax: ()				
Website:					
Program Director:					
Clinical Coordinator:					
program as outlined in CA Code of Regulations, Education). at Program Director Signature Contact	sibilities and expectations of a prehospital CE provider Title 22, Division 9, Chapter 11 (EMS Continuing on Date Person Information				
Primary Contact Person: Program Director	Clinical Director See below:				
Name:	Title:				
Organization:					
Street Address:					
City:	State: Zip:				
Phone: ()					

Program Director Information

- (g) Each CE provider shall have an approved program director, who is qualified by education and experience in methods, materials and evaluation of instruction, which shall be documented by at least forty hours in teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:
- (1) California State Fire Marshal (CSFM) "Fire Instructor 1A and 1B"; or
- (2) National Fire Academy (NFA) "Fire Service Instructional Methodology" course; or
- (3) a training program that meets the U. S. Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the EMS Educator Course of the National Association of EMS Educators.
- (4) Individuals with equivalent experience may be provisionally approved for up to two years by the approving authority pending completion of the above specified requirements. Individuals with equivalent experience who teach in geographic areas where training resources are limited and who do not meet the above program director requirements may be approved upon review of experience and demonstration of capabilities.
- (h) The duties of the program director shall include, but not be limited to:
- (1) Administering the CE program and ensuring adherence to state regulations and established local policies.
- (2) Approving course, class, or activity, including instructional objectives, and assigning CEH to any CE program which the CE provider sponsors; approving all methods of evaluation, coordinating all clinical and field activities approved for CE credit; approving the instructor(s) and signing all course, class, or activity completion records and maintaining those records in a manner consistent with these guidelines. The responsibility for signing course, class, or activity completion records may be delegated to the course, class, or activity instructor.

(California Code of Regulations, Title 22, Division 9, Chapter 11, Section 100395)

Name:								Title:	:				
Organiza	ation	:											
Street A	ddres	ss:											
City:								State:		Zip:			
Phone:	()					Email:						
Professio Certifica			•						Date:				
Teaching	g Cre	edential(s):										
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Signatur	e of l	Program	ı Dir	rector			city/state					date	

Clinical Director Information

(i) Each CE provider shall have an approved clinical director who is currently licensed as a physician, registered nurse, physician assistant, or paramedic. In addition, the clinical director shall have had two years of academic, administrative or clinical experience in emergency medicine or EMS care within the last five years. The duties of the clinical director shall include, but not be limited to, monitoring all clinical and field activities approved for CE credit, approving the instructor(s), and monitoring the overall quality of the EMS content of the program.

(California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100395)

Name:					Title	:			
Organiza	ition:								
Street Ac	ldress:								
City:					State:		Zip:		
Phone:	()			Email:			·		
Professio	sional License Number:					Expiration Date:			
□ MD □ RN □ Paramedic □ Physician Assistant									
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Signature	nature of Clinical Director city/state								date

Description of program facilities, equipment, examination security and student record keeping

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