

Ventura County Emergency Medical Services Agency EMS Continuing Education Provider Program

Application Checklist for Approval/Renewal

- Sections 1-5 to be completed by training program
- For additional information on requirements and approval process, please refer to VCEMS Policy 1130 – EMS Continuing Education Provider Approval Process

1. General Information		
Applicant (Program) Name:		
Program Primary Point of Contact:		
Program Address	Program City	Program Zip
Program Phone Number	Program Fax Number	Program Email Address
2. Program Eligibility		
<input type="checkbox"/> Training program is affiliated with a: <ul style="list-style-type: none"> <input type="checkbox"/> Accredited University or College <input type="checkbox"/> Junior or Community College <input type="checkbox"/> School District <input type="checkbox"/> Private Entity <i>Note: Must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc). Evidence of license and proof of organizational registry shall be provided at time of application.</i> <ul style="list-style-type: none"> <input type="checkbox"/> Armed Forces Medical Unit <input type="checkbox"/> Licensed Acute Care Hospital (Submit special permit for Basic or Comprehensive Emergency Medical Services and proof of provision of Continuing Education to other Health Care Professionals) <input type="checkbox"/> Agency of Government <input type="checkbox"/> Public Safety Agency 		Name of Agency, Institution, or Business
<input type="checkbox"/> Written request for EMS CE program approval		Attach request letter on organization letterhead
<input type="checkbox"/> Written confirmation that program will adhere to current ECC/ILCOR guidelines <input type="checkbox"/> Documentation related to CE program's CPR alignment <ul style="list-style-type: none"> <input type="checkbox"/> AHA <input type="checkbox"/> ARC <input type="checkbox"/> ASHI 		Attach alignment letter or certificate with training center attached
3. Program Administration and Staff		
a. Program Director <ul style="list-style-type: none"> <input type="checkbox"/> Resume / CV of Program Director <input type="checkbox"/> Copy of current certification(s)/license(s) <input type="checkbox"/> Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section IV.A.2.g.1 for examples of qualifying education) 		Name of Program Director
b. Clinical Director <ul style="list-style-type: none"> <input type="checkbox"/> Resume / CV of Clinical Director <input type="checkbox"/> Copy of Current Certification(s)/License(s) <input type="checkbox"/> Evidence of at least two-years' experience in emergency medicine or prehospital care in the past five (5) years 		Name of Clinical Director

Continued Next Page

<p>c. Principal Instructor(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Resume / CV of All Principal Instructor(s) <input type="checkbox"/> Copy of Current License(s) Received <input type="checkbox"/> Written confirmation that each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity. 	<p>Name(s) of Principal Instructor(s)</p>
<p>d. Teaching Assistant(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current license(s) received (if applicable) <input type="checkbox"/> Qualified by training and experience to assists with teaching <input type="checkbox"/> Approval by program director in coordination with the clinical director 	<p>Names(s) of Teaching Assistant(s)</p>
<p>4. CE Records and Quality Improvement</p>	
<p>a. Written statement verifying that CE program applicant shall utilize the VCEMS psychomotor skills evaluation manual for any/all psychomotor skills testing performed</p>	<p>Attach Written Statement</p>
<p>b. Written statement that program shall maintain all records for a minimum of four (4) years, in accordance with the standards outlined in this policy</p>	<p>Attach Written Statement</p>
<p>c. Written statement that program agrees to participate in the VCEMS quality improvement program and research data accumulation</p>	<p>Attach Written Statement</p>
<p>d. Written statement agreeing that CE program shall submit an annual report to VCEMS within 45 days of year end, and that the report will meet all requirements outlined in this policy.</p>	<p>Attach Written Statement</p>
<p>e. Copy of the Course Completion Certificate/Record that will be issued upon completion of each session. Course completion shall meet all minimum requirements outlined in this policy.</p>	<p>Attach Copy of Course Completion Certificate</p>
<p>5. Individual Completing Application</p>	
<p>Name of Program Representative Completing Application</p>	
<p>Signature</p>	<p>Date</p>
<p>Phone Number</p>	<p>Email Address</p>

Continued Next Page

VCEMS Office Use Only

1. Submission Checklist	
Required Item	Date Received
<input type="checkbox"/> Written request for EMS CE program approval	
<input type="checkbox"/> For private entities requesting approval: Valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc). Evidence of license and proof of organizational registry shall be provided at time of application	
<input type="checkbox"/> All required documentation submitted for Program Director	
<input type="checkbox"/> All required documentation submitted for Clinical Director	
<input type="checkbox"/> All required documentation submitted for Principal Instructor(s)	
<input type="checkbox"/> All required documentation submitted for Teaching Assistant(s)	
<input type="checkbox"/> Written confirmation that program will adhere to current ECC/ILCOR guidelines <input type="checkbox"/> Documentation related to CE program's CPR alignment <input type="checkbox"/> AHA <input type="checkbox"/> ARC <input type="checkbox"/> ASHI	
<input type="checkbox"/> Written statement verifying that CE program applicant shall utilize the VCEMS psychomotor skills evaluation manual for any/all psychomotor skills testing performed	
<input type="checkbox"/> Written statement that program shall maintain all records for a minimum of four (4) years, in accordance with the standards outlined in this policy	
<input type="checkbox"/> Written statement that program agrees to participate in the VCEMS quality improvement program and research data accumulation	
<input type="checkbox"/> Written statement agreeing that CE program shall submit an annual report to VCEMS within 45 days of year end, and that the report will meet all requirements outlined in this policy.	
<input type="checkbox"/> Copy of the Course Completion Certificate/Record that will be issued upon completion of each session. Course completion shall meet all minimum requirements outlined in this policy.	

2. Application Status	
Initial Application Received	Date
Additional Information Requested	Date
All Requirements Submitted	Date
Approval Letter Issued	Date
Approval Expiration	Date
3. EMS Agency Representative Information	
Name of EMS Agency Representative Reviewing Application	
Signature	Date
Phone Number	Email Address