

# Ventura County Emergency Medical Services Agency Emergency Medical Technician Training Program

## Application Checklist

- Sections 1-4 to be completed by training program
- For additional information on requirements and approval process, please refer to VCEMS Policy 1100 – EMT Training Program Approval

<b>1. General Information</b>		
Training Program Name:		
Program Address	Program City	Program Zip
Program Phone Number	Program Fax Number	Program Email Address
<b>2. Training Program Affiliation</b>		
a. Training program is affiliated with a: <ul style="list-style-type: none"> <li><input type="checkbox"/> Accredited University or College</li> <li><input type="checkbox"/> Junior or Community College</li> <li><input type="checkbox"/> School District</li> <li><input type="checkbox"/> Private Post-Secondary School <i>(Submit Post-Secondary School Approval Document)</i></li> <li><input type="checkbox"/> Armed Forces Medical Unit</li> <li><input type="checkbox"/> Licensed Acute Care Hospital <i>(Submit special permit for Basic or Comprehensive Emergency Medical Services and proof of provision of Continuing Education to other Health Care Professionals)</i></li> <li><input type="checkbox"/> Agency of Government</li> <li><input type="checkbox"/> Public Safety Agency</li> </ul>	Name of Affiliated Agency, Institution, or Business	
<b>3. Program Administration and Staff</b>		
a. Program Director <ul style="list-style-type: none"> <li><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)</li> </ul>	Name of Program Director	
b. Clinical Coordinator <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Current License Received</li> <li><input type="checkbox"/> Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received</li> </ul>	Name and Title of Clinical Coordinator (Physician, RN, PA, Paramedic)	
c. Principal Instructor(s) <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Current License(s) Received</li> <li><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 III.A.2.g.3 for examples of qualifying education)</li> <li><input type="checkbox"/> Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received</li> <li><input type="checkbox"/> Approval by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned.</li> </ul>	Name(s) and Title(s) of Principal Instructor(s) (Physician, RN, PA, Paramedic, Advanced EMT, EMT)	
d. Teaching Assistant(s) <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of current license(s) received (if applicable)</li> <li><input type="checkbox"/> Qualified by training and experience to assists with teaching</li> <li><input type="checkbox"/> Approval by program director in coordination with the clinical coordinator</li> </ul>	Names(s) and Title(s) of Teaching Assistant(s)	
<b>4. Program Representative Completing Application</b>		
Name of Program Representative Completing Application		

Signature	Date
Phone Number	Email Address

***VCEMS Office Use Only***

<b>1. Submission Checklist</b>	
<b>Required Item</b>	<b>Date Received</b>
<input type="checkbox"/> Written request for program approval, signed by training program director.	
<input type="checkbox"/> Statement verifying use of the US DOT National EMS Education Standards (DOT HS 811 077A, January 2009)	
<input type="checkbox"/> Statement verifying program meets or exceeds required course hours outlined in Section IV.C.1 of this policy and meets all content requirements outlined in section 100067.11 of the California Code of Regulations	
<input type="checkbox"/> Statement signed by training program director that all psychomotor skills outlined in CCR Sections 100066.02 and 100067.11 and any others listed in this policy shall be taught, and that all students enrolled in course have been given multiple opportunities to practice required skills in person.	
<input type="checkbox"/> Statement verifying implementation of current ECC / ILCOR guidelines	
<input type="checkbox"/> Session guides and/or lesson plans	
<input type="checkbox"/> Samples of psychomotor skills and cognitive (written) exams used for periodic testing	
<input type="checkbox"/> A statement verifying that training program will utilize the Ventura County EMS Psychomotor skills evaluation packet and California EMS Authority's Skills Competency Verification Form (EMSA-SCV) for final skills testing. Copies of checklists and/or verification documents used for final psychomotor skills competency exam.	
<input type="checkbox"/> Final cognitive (written) exam	
<input type="checkbox"/> Statement signed by training program director that a comprehensive performance improvement plan will be required when program fails to maintain a three-year average cumulative pass rate of at least 80% within three attempts on the NREMT cognitive examination	
<input type="checkbox"/> Detail of provisions for course completion by challenge, including a challenge examination (if different from final course examination).	
<input type="checkbox"/> Provisions for refresher course and/or continuing education	
<input type="checkbox"/> Statement signed by training program director that an annual report shall be submitted within 45 days of year end. Report shall contain minimum content as outlined in Section IV.L.6 of this policy.	
<input type="checkbox"/> Location and proposed dates at which the course(s) are to be offered	

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