

Ventura County Emergency Medical Services Agency Emergency Medical Responder 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 1102 – EMR Training Program Approval

1. General Information		
Training Program Name:		
Program Address	Program City	Program Zip
Program Phone Number	Program Fax Number	Program Email Address
2. Training Program Affiliation		
a. 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 Post-Secondary School <i>(Submit Post-Secondary School Approval Document)</i> <input type="checkbox"/> Armed Forces Medical Unit <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> <input type="checkbox"/> Agency of Government <input type="checkbox"/> Public Safety Agency <input type="checkbox"/> Local EMS Agency 		Name of Affiliated Agency, Institution, or Business
3. Program Administration and Staff		
a. Program Director <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty (40) hours in adult teaching methodology or a k-12 teaching credential. 		Name of Program Director
b. Principal Instructor(s) <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current License(s) Received <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) <input type="checkbox"/> Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received <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. 		Name(s) and Title(s) of Principal Instructor(s) (MD, RN, PA, Paramedic, Advanced EMT, EMT)

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<p>c. 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 coordinator 	<p>Names(s) and Title(s) of Teaching Assistant(s)</p>
<p>4. Program Representative 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>

VCEMS Office Use Only

<p>1. Submission Checklist</p>	
<p style="text-align: center;">Required Item</p>	<p style="text-align: center;">Date Received</p>
<p><input type="checkbox"/> Written request for program approval</p>	
<p><input type="checkbox"/> A statement verifying usage of the US DOT National Highway Traffic Safety Administration (NHTSA) National EMS Education Standards: Emergency Medical Responder Instructional Guidelines, DOT HS 811 077B, January 2009</p>	
<p><input type="checkbox"/> Statement verifying implementation of current ECC / ILCOR guidelines</p>	
<p><input type="checkbox"/> Session guides and/or lesson plans</p>	
<p><input type="checkbox"/> Samples of skills and written exams used for periodic testing</p>	
<p><input type="checkbox"/> Final psychomotor skills competency exam</p>	
<p><input type="checkbox"/> Final cognitive (written) exam</p>	
<p><input type="checkbox"/> Location and proposed dates at which the course(s) are to be offered</p>	
<p><input type="checkbox"/> Copy of Course Completion Certificate</p>	
<p><input type="checkbox"/> Statement verifying program will comply with all reporting requirements outlined in Section IV.B of this policy</p>	
<p>2. Application Status</p>	
<p>Initial Application Received</p>	<p>Date</p>
<p>Additional Information Requested</p>	<p>Date</p>
<p>All Requirements Submitted</p>	<p>Date</p>
<p>Approval Letter Issued</p>	<p>Date</p>
<p>Approval Expiration</p>	<p>Date</p>
<p>3. EMS Agency Representative Information</p>	
<p>Name of EMS Agency Representative Reviewing Application</p>	
<p>Signature</p>	<p>Date</p>
<p>Phone Number</p>	<p>Email Address</p>