



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMS Continuing Education Provider Approval		Policy Number 1130	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date	January 1, 2026
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date	January 1, 2026
Origination Date:	February 2001		
Date Revised:	August 14, 2025	Effective Date: January 1, 2026	
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- I. PURPOSE: To identify the procedure for approval of Advanced Life Support (ALS) and Basic Life Support (BLS) EMS Continuing Education Providers (CEPs) that are based (headquartered) in Ventura County
 - II. AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 3.5, Article 4.
 - III. POLICY:
 - A. The Ventura County EMS Agency (VCEMS) shall be the agency responsible for approving EMS Continuing Education Providers whose headquarters are located within the geographical boundaries of Ventura County, if not already approved as a statewide public safety agency or for those CE providers who are headquartered out of state. Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc).
 - B. When a CE provider is approved by either a local EMS agency or the EMS Authority, the CE provider is approved to conduct CE courses statewide
 - C. Courses and/or CE providers approved by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) or approved by EMS offices of other states are approved for use in California and need no further approval.
 - D. Courses in physical, social or behavioral sciences offered by accredited colleges and universities are approved for CE and need no further approval.
 - IV. PROCEDURE:
 - A. Program Approval
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1. Eligible programs shall submit a written request for CEP approval to the EMS Agency and agree to provide at least 12 hours of continuing education per year.
2. Applicant shall agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.
3. Applicant shall agree to implement current American Heart Association ECC and CPR Guidelines.
4. Applicant shall submit resumes for the Program Director and the Clinical Director.
5. Educational Staff Requirements:
Nothing shall preclude one person from filling more than one position.
 - a. Program Director
 - 1) Shall be qualified by education and experience in methods materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology. The following are examples of courses that meet the required instruction in teaching methodology:
 - a) California State Fire Marshal Fire Instructor 1-A, 1-B and 1-C, or;
 - b) National Fire Academy "Fire Service Instructional Methodology" course or equivalent, or;
 - c) Training programs that meet the US DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.
 - d) Individuals with equivalent experience may be provisionally approved for up to two years by the Agency pending completion of the above specified requirements.
 - b. Clinical Director
 - 1) Must be either a physician, registered nurse, physician assistant, or paramedic currently licensed in California and shall have two years of academic, administrative or clinical experience in emergency medicine or prehospital care in the last five years.
 - c. CE Provider Instructors
 - 1) 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.

6. Application Receipt Process
Upon receipt of a complete application packet, VCEMS will notify the applicant within fourteen business days that;
 - a) The request for approval has been received.
 - b) The request does or does not contain all required information.
 - c) What information, if any, is missing
 7. Program Approval Time Frames
 - a) Program approval or disapproval shall be made in writing by VCEMS to the requesting program, within sixty calendar days, after receipt of all required documentation.
 - b) VCEMS shall establish an effective date for program approval in writing upon the satisfactory documentation of compliance with all program requirements.
 - c) Program approval shall be for four years following the effective date of the program and may be reviewed every four years subject to the procedure for program approval specified by VCEMS.
 8. Withdrawal of Program Approval
 - a) Noncompliance with any criterion required for program approval, use of any unqualified personnel, or noncompliance with any other applicable provision of Title 22 may result in suspension or revocation of program approval by VCEMS.
 - b) An approved program shall have no more than sixty days to comply with corrections mandated by this policy.
- B. Program Review and Reporting
1. All program materials are subject to periodic review by VCEMS.
 2. All programs are subject to periodic on-site evaluation by VCEMS.
 3. VCEMS shall be advised of any program changes in course content, hours of instruction, or instructional staff.
 4. Records shall be maintained by the CEP for four years and shall contain the following:

- a) Complete outlines for each course given, including brief overview, instructional objectives, outline, evaluations, and record of participant performance;
 - b) Record of time, place, and date each course is given and number of CE hours granted;
 - c) A curriculum vitae or resume for each instructor.
 - d) A roster of course participants (instructor-based courses must have course participants sign roster)
5. Approved programs shall issue a tamper resistant Course Completion Certificate to each student who attends a continuing education course within 30 days of completion. This certificate shall include:
- a). Student full legal name.
 - b) Certificate or license number
 - c) The date the course was completed
 - d) The name of the course completed
 - e) The name and signature of the Instructor or Program Director.
 - f) The name and address of the CE Provider.
 - g) Course completion document must contain the following statement with the appropriate information filled in. "This course has been approved for (number) of hours of continuing education by an approved California EMS CE Provider and was (check one) instructor based or non-instructor based." It also must have your approved C.E. provider number on it.
 - h) The following statement in bold print:
"This document must be maintained for no less than four years"
6. For the initial six months of CE program approval, the CE Provider shall submit a lecture approval form to VCEMS prior to offering a course. After the initial six-month period, the CE Provider shall approve and maintain their own records subject to review by VCEMS.
7. A continuing education roster shall be completed for every course offered by the CEP. This roster shall be maintained by the CEP and subject to review by the Agency.
- a) A copy of the Continuing Education roster for all mandatory Ventura County CE programs (EMS Update, Skills testing, etc.) shall be submitted to VCEMS immediately after the completion of the program.

8. Any EMS continuing education program that is responsible for periodic psychomotor skills testing for Emergency Medical Technicians (EMTs) shall utilize the VCEMS Psychomotor Skills Evaluation Manual for final evaluation and reporting.
 9. Each CEP shall provide an annual report to VCEMS, within 45 days of year end, detailing the following:
 - a. Title of any course taught,
 - b. Course times
 - c. Number of hours awarded for each course, and
 - d. Total number of participants for each course.
 10. A template for the CE provider program's required annual report will be provided by VCEMS.
- C. Application for Renewal
1. The CEP shall submit an application for renewal at least sixty calendar days before the expiration date of their CE provider approval in order to maintain continuous approval.
 2. All CE provider requirements shall be met and maintained for renewal as specified in VCEMS Policy 1130 and CCR, Title 22, Division 9, Chapter 3.5.

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

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<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>

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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