

Ventura County Emergency Medical Services Agency PSFA/TCC Training Program

Application Checklist

Training program complete sections 1-5 of this checklist

For additional information on requirements and approval process, please refer to VCEMS Policy 1601 – PSFA and CPR / TCC Training Program Approval

1. General Program Information		
Training Program Name:		
Program Address	Program City	Program Zip Code
Program Phone #	Program Fax #	Program Email Address
2. Program Eligibility		
<input type="checkbox"/> Statewide PSFA/TCC course approved by CalEMSA <input type="checkbox"/> ARC equivalent first aid class of at least 21 hours AND an AHA equivalent CPR AED healthcare provider course <input type="checkbox"/> Tactical training program course that meets or exceeds all mandatory minimum guidelines outlined in CalEMSA #370 – California Tactical Casualty Care Training Guidelines. <input type="checkbox"/> VCEMS approved EMT or Paramedic training program <input type="checkbox"/> EMR course approved by CalEMSA and developed and authorized by CalFire, POST, CPR, CHP or other statewide public safety agency, as determined by CalEMSA	Name of Program	
3. Program Educational Staff		
<input type="checkbox"/> Primary Teaching Staff CV/Resume(s) <input type="checkbox"/> Statement verifying each instructor is proficient in skills taught and qualified to teach by education and/or experience. <input type="checkbox"/> Applicable licenses and/or certifications	Name(s) of Each Individual	
4. General Training Program Requirements		
<input type="checkbox"/> Table of contents listing required information and corresponding page numbers <input type="checkbox"/> Written request for program approval IF PSFA: <ul style="list-style-type: none"> <input type="checkbox"/> Statement verifying AHA equivalent CPR and AED Healthcare Provider, and <input type="checkbox"/> Statement verifying 21 hours of ARC equivalent initial training, and <input type="checkbox"/> Statement verifying a minimum 8-hour retraining course, and IF TCC: <ul style="list-style-type: none"> <input type="checkbox"/> Statement verifying training course meets the appropriate minimum requirements outlined in CalEMSA #370 IF BOTH PSFA and TCC: <ul style="list-style-type: none"> <input type="checkbox"/> All requirements outlined above <input type="checkbox"/> A detailed course outline <input type="checkbox"/> Samples of cognitive (written) and psychomotor skills exams used for periodic testing <input type="checkbox"/> Final psychomotor skills competency testing criteria with pre-established scoring standards <input type="checkbox"/> Final cognitive (written) exam with pre-established scoring standards <input type="checkbox"/> Provisions for retaining of public safety first aid personnel, in accordance with Section IV.2.h of this policy <input type="checkbox"/> Location and proposed dates at which the course(s) is to be offered <input type="checkbox"/> Sample attendance record and training roster <input type="checkbox"/> Sample of course completion certificate		

Revised date: May 13, 2021

Reviewed date: October 10, 2024

5. Training Program Representative Completing Application	
Name of person completing application:	
Signature	Date
Phone Number	Email Address

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1. Submission Checklist	
Required Item	Date Received
<input type="checkbox"/> Statewide PSFA/TCC course approved by CalEMSA <input type="checkbox"/> ARC equivalent first aid class of at least 21 hours AND an AHA equivalent CPR AED healthcare provider course <input type="checkbox"/> Tactical training program course that meets or exceeds all mandatory minimum guidelines outlined in CalEMSA #370 – California Tactical Casualty Care Training Guidelines. <input type="checkbox"/> VCEMS approved EMT or Paramedic training program <input type="checkbox"/> EMR course approved by CalEMSA and developed and authorized by CalFire, POST, CPR, CHP or other statewide public safety agency, as determined by CalEMSA	
<input type="checkbox"/> Primary Teaching Staff CV/Resume(s)	
<input type="checkbox"/> Statement verifying each instructor is proficient in skills taught and qualified to teach by education and/or experience.	
<input type="checkbox"/> Applicable licenses and/or certifications	
<input type="checkbox"/> Table of contents listing required information and corresponding page numbers	
<input type="checkbox"/> Written request for program approval IF PSFA: <ul style="list-style-type: none"> <input type="checkbox"/> Statement verifying AHA equivalent CPR and AED Healthcare Provider, and <input type="checkbox"/> Statement verifying 21 hours of ARC equivalent initial training, and <input type="checkbox"/> Statement verifying a minimum 8-hour retraining course, and IF TCC: <ul style="list-style-type: none"> <input type="checkbox"/> Statement verifying training course meets the appropriate minimum requirements outlined in CalEMSA #370 IF BOTH PSFA and TCC: <ul style="list-style-type: none"> <input type="checkbox"/> All requirements outlined above 	
<input type="checkbox"/> A detailed course outline	
<input type="checkbox"/> Samples of cognitive (written) and psychomotor skills exams used for periodic testing	
<input type="checkbox"/> Final psychomotor skills competency testing criteria with pre-established scoring standards	
<input type="checkbox"/> Final cognitive (written) exam with pre-established scoring standards <input type="checkbox"/> Provisions for retaining of PSFA personnel, in accordance with Section IV.2.h of this policy	
<input type="checkbox"/> Location and proposed dates at which the course(s) is to be offered	
<input type="checkbox"/> Sample attendance record and training roster	
<input type="checkbox"/> Sample of course completion certificate	
2. Application Status	
Initial Application Received	Date
Additional Information Requested	Date
All Requirements Submitted	Date
Approval Letter Issued	Date
Approval Expiration Date	Date

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3. EMS Agency Representative Information

Name of EMS Agency Representative Processing Application

Signature

Date

Phone Number

Email Address