APPROVAL PACKET

for

Paramedic Training Program

Paramedic Training Program

Approval Packet

California regulations require OCEMS to review prospective training programs to assure compliance with State regulations prior to approving the eligible institution's training program. Only approved training programs may offer the training listed below. The purpose of this document is to define the application requirements for Emergency Medical Technician - Paramedic (EMT-P) Training Program approval.

REQUIREMENTS FOR EMT-P TRAINING PROGRAM APPROVAL:

The eligibility and program requirements for Emergency Medical Training Programs are listed in California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 3.3. Emergency Medical Technician - Paramedic, Article 3. Sections 100149 - 100165 and referenced in the attached application and checklist.

Complete and submit OCEMS EMT-P Training Program approval forms and checklist for EMT-P Training Program Approval.

Paramedic Training Program

I.   PROCEDURES

    A.   Complete and submit the following to OCEMS:
- Application for EMT-P Training Program Approval
- Submit Items on Checklist for EMT-P Training Program Approval
- OCHCA will invoice training program once all items are submitted

    B.   The following should be retained by the Training Institution:
- Certification Exam, i.e., passing grade
- Attendance requirements, etc.
- Certification Exam Eligibility, Clinical Time Verification Form

Application for Paramedic Training Program Approval

☐ **New**   ☐ **Renewal**   ☐ **Update**

Program Name _____

    Mailing Address_____**City**_____**ST**_____**ZIP** _____

    Training Site(s) Address_____**City**_____**ST**_____**ZIP** _____

    Phone_____**FAX**_____

    Website_____**E-mail**_____

Program Director Name_____

    E-mail_____

    License Number_____**Type**_____

Medical Director Name_____

    E-mail_____

    License Number_____**Type**_____

Clinical Coordinator Name_____

    E-mail_____

    License Number_____**Type** _____

Principal Instructor Name_____

    E-mail_____

    License Number_____**Type** _____

Principal Instructor Name_____

    E-mail_____

    License Number_____**Type** _____

Principal Instructor Name_____

    E-mail_____

    License Number_____**Type** _____

Teaching Assistant Name_____

    E-mail_____

    License Number_____**Type** _____

Teaching Assistant Name _____

    E-mail _____

    License Number _____**Type** _____

Teaching Assistant Name _____

    E-mail _____

    License Number _____**Type** _____

(If your program has more principal instructors or teaching assistants please provide their information on a separate document)

Attach copies of current resumes, CVs, licenses and qualifications for all personnel.

Attach Hospital and EMS Provider Contracts for clinical and field training.

Provider type *(check one)*	**Type of Training Offered (Check all that apply)**
☐ Branch of the Armed Forces or Coast Guard of the US	☐ First Responder (for high school students)
☐ Accredited University or College	☐ EMT Basic / Initial Training
☐ Licensed general acute care hospital	☐ AEMT Basic / Initial Training
☐ Agency of Government	☐ Paramedic Training Program
☐ Private post-secondary school	☐ NREMT Transition Course
☐ Other: Specify _____	☐ EMT Refresher Course
	☐ EMT Challenge Examination
	☐ Continuing Education (CE) classes
	☐ Other (CPR etc.) _____

I certify that all information is accurate, to the best of my knowledge, and that I have read and understand the program responsibilities and expectations as outlined in CA Code of Regulations, Title 22, Division 9, Chapter 3.3 (Emergency Medical Technician-Paramedic).

_____   _____
            Signed, Course Director   Date

(OCEMS Use Only)

Date Application Received	Approval Date	Expiration Date	Receipt # / Date Paid

CHECKLIST FOR EMT-P TRAINING PROGRAM APPROVAL

Materials to Submit with the Program Approval Application Form	Page No.	Check Completed
1. Completed checklist for EMT-P program approval (this form)		☐
2. Application form for EMT-P training program approval		☐
3. Written request for Paramedic Training Program approval		☐
4. Statement indicating eligibility for EMT-P training program approval		☐
5. Name of textbook or curriculum used to teach EMT-P course		☐
6. Performance objectives for each skill		☐
7. Name, qualifications and resumes of the program director, medical director, clinical coordinator, principal instructor(s) and teaching assistant(s)		☐
8. Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program		☐
9. Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program		☐
10. Location and start dates of scheduled courses		☐
11. Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training		☐
12. Written contracts or agreements between the paramedic training program and a provider agency (ies) for student placement for field internship training		☐
13. A copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation		☐
14. Samples of written and skills examinations administered for periodic testing		☐
15. Samples of a final written examination(s) administered by the training program		☐
16. Evidence of adequate training program facilities, equipment, examination securities, and student record keeping		☐
17. Application Processing Fee will be sent via email from OCHCA once application and documentation has been submitted		☐