

Solano County Health & Social Services Department

Mental Health Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services



Eligibility Services
Employment Services
Children's Services
Administrative Services

Patrick O. Duterte, Director

EMERGENCY MEDICAL SERVICES AGENCY

Steven P. Whiteley, MD
EMS Agency Medical Director

275 Beck Avenue MS 5-240
Fairfield, Ca. 94533
(707) 784-8155 FAX (707) 421-6682
www.solanocounty.com

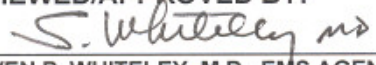
Ted Selby
EMS Agency Administrator

POLICY MEMORANDUM 4500

Implementation Date: Dec. 15, 2011

Release Date: Nov. 1, 2011

REVIEWED/APPROVED BY:


STEVEN P. WHITELEY, M.D., EMS AGENCY MEDICAL DIRECTOR


TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: CONTINUING EDUCATION AUTHORIZATION POLICY

AUTHORITY: California Health & Safety Code, §§1797.174, 1797.175, 1797.185, and 1797.194 and California Code of Regulations (CCR), Title 22, Division 9, Chapter 11.

- I. **PURPOSE:** Identify the process by which continuing education will be approved and provided in Solano County for prehospital personnel.
- II. **DEFINITIONS:**
 - A. **Emergency Medical Services (EMS) Continuing Education (CE) Provider** is an entity which meets the requirements specified in the CCR, Title 22, Division 9, Chapter 11, and has been authorized by the Solano County EMS Agency to provide continuing education for prehospital personnel.
 - B. **CE Provider Approving Authority** is either the Solano County EMS Agency (if the CE provider is headquartered in this jurisdictional area) or the California State EMS Authority (if the CE provider is a statewide public safety agency or is headquartered out of state).

III. PROCEDURE:

- A. Continuing Education for prehospital personnel in Solano County will follow all guidelines specified in CCR, Title 22, Division 9, Chapter 11, as well as any specific Solano County requirements.
- B. Entities interested in providing continuing education for prehospital personnel will complete the Application for Authorization as EMS Approved Continuing Education Provider (attachment 2) and pay appropriate fee.
- C. Required information for submission is listed in Continuing Education (CE) Provider Documentation Requirements form (attachment 1).
- D. CE Provider approval is granted for a period of two (2) years from the last day of the month in which the application is approved unless otherwise specified. The CE Provider is responsible for submitting the application for renewal 60 days prior to the expiration date to maintain continuous approval.
- E. Solano County EMS may audit provider records at any time and may audit or monitor any CE class taught by the provider at any time during the certification period.

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CONTINUING EDUCATION (CE) PROVIDER DOCUMENTATION REQUIREMENTS

Solano County Emergency Medical Services (EMS) Agency
355 Tuolumne Street, Suite 2400, MS 20-240, Vallejo, CA 94590



- In accordance with EMS Policy 4500 the following material must be submitted with your initial or renewal application form. Failure to provide the required material will delay your approval or re-approval as a CE Provider in Solano County.
- If the application is for a PROGRAM or CLINICAL DIRECTOR CHANGE, the application and an appropriate resume are the only required documentation.

Material to be submitted	Initial Program	Renewal	EMS AGENCY USE
Completed Application Form			
Program Director resume			
Clinical Director resume			
Instructor(s) resume			
Statement identifying types of CE classes to be offered and method of delivery			
Sample tamper-resistant course completion record (for training providers, i.e., schools, etc.).			
An annual calendar of anticipated classes to be offered			
A previous calendar of classes identifying course name, dates, and numbers of students			

 WHITE boxes indicate material that must be submitted with the application.

Please return application along with all required attachments to:

Hermie Zulueta, RN
Specialty Care Coordinator
Solano County EMS
355 Tuolumne Street
Suite 2400, MS 20-240
Vallejo, CA 94590
(707) 784-8155



APPLICATION FOR AUTHORIZATION AS EMS APPROVED CONTINUING EDUCATION (CE) PROVIDER

Solano County Emergency Medical Services (EMS) Agency
355 Tuolumne Street, Suite 2400, MS 20-240, Vallejo, CA 94590



INITIAL: _____

RENEWAL: _____

PROGRAM CHANGE: _____

C.E. Provider Name:	Program Director
Provider Mailing Address:	Provider Location (if different than mailing address):
Program Clinical Director (Name):	(Title):
Primary Contact Person (Name):	(Title):
Program Instructor (Name):	(Title):
Phone # (Primary):	Phone # (Alternate):
Fax #	Email:

Provider is (check one):

Provider is (check one):

Local EMS Agency	EMT Training Program
Governmental Agency	Other School/College/University
Prehospital Service Provider Agency	Other CE Provider
Hospital	CA Statewide Public Safety Agency
Individual	CE Provider Headquartered in Another State

Estimated number of Prehospital CE Courses to be provided: _____

REQUIRED DOCUMENTATION:

- Completed Application;
- Curriculum Vitae of Program Director, Clinical Director, and Instructors (one individual may perform all these functions). Reference: Solano County EMS Policy 4500, Continuing Education Authorization Policy.
- In addition to required documentation submitted with this application, approved CE Providers must submit individual course documentation and maintain records as specified in Policy (see Policy 4500, Atch 1).
- APPLICATION FEE: \$500 (initial and biannual upon renewal of application). Fee waived for public safety agencies offering courses to "in-house" employees only and Solano County ALS Exclusive Ambulance Provider.

I certify that I have read and understand the "California Prehospital Continuing Education Guidelines" and Solano County EMS Policy #4500, and that I/this agency will comply with all guidelines, policies and procedures described therein. I agree to comply with all audit and review provisions described. Furthermore, I certify that all information on this application is true and correct to the best of my knowledge.

(Signature)

(Date)

Application Rcvd (Date)	Reviewed By	Approval Date	Expiration Date	Provider #	Comments (on reverse)	Fee paid/date



3/23/2016