



APPLICATION FOR AUTHORIZATION AS APPROVED PUBLIC SAFETY FIRST RESPONDER TRAINING PROGRAM

New Renewal Update Provider # 30- _____ (if applicable)

Program Name			
Mailing Address	Number, Street		
	Suite		
	City, State, Zip Code		
Primary Contact Person			
Phone			
Fax			
Email			
PROVIDER IS A/AN: (CHECK ONE)			
<input type="checkbox"/> Local EMS Agency		<input type="checkbox"/> Service Provider	<input type="checkbox"/> Other Governmental Agency
<input type="checkbox"/> Base Hospital		<input type="checkbox"/> EMT or EMT-P Training Program	<input type="checkbox"/> Individual
<input type="checkbox"/> Other Hospital		<input type="checkbox"/> University / College	<input type="checkbox"/> Other CE Provider
		<input type="checkbox"/> Other School	

Submit the following, as indicated:

- List of courses offered and name and version of textbooks with course curriculum
 - *If no textbook is used, submit the entire curriculum for Medical Director approval
- Final written examination with pre-established scoring standards
- Skill competency testing criteria, with pre-established scoring standards
- Name and qualifications of instructor(s) (include certification/license information)

**Approval does NOT include EMS Continuing Education (CE) provider approval. See OCEMS Policy 530.00*

I certify that I have read and understand the California Emergency Medical Services (EMS) Public Safety First Aid chapter in Title 22 (Division 9, Chapter 1.5) and OCEMS Policy #535.00 and that program will comply with all components and requirements described therein. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

SIGNATURE –

Training Program Coordinator/Director

Date: _____

This application, with supporting documentation, should be submitted to:

Orange County Emergency Medical Services
405 W. Fifth Street, Suite 301A Santa Ana, CA 92701
Phone: (714) 834-3500 FAX: (714) 834-3125
emslicensing@ochca.com

OCEMS use only

Application Rec'd Date	Reviewed By	Effective Date	Expiration Date	Provider Number	OCEMS Approval	EMSA notification
Comments						