EMT TRAINING PROGRAM APPROVAL CHECKLIST

PROGRAM APPROVAL APPLICATION PROCEDURE	
TRAINING PROGRAM AFFILIATION:	
The Training Program is affiliated with a: ☐ Accredited university and college including junior and community college ☐ School District ☐ California BPPE Private Post-Secondary School (Submit Post-Secondary School Approval Document) ☐ Armed Forces Medical Unit ☐ 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) ☐ Agency of Government ☐ Public Safety Agency ☐ Local EMS Agency	**Name of Agency of Affiliation**
PROGRAM ADMINISTRATION AND INSTRUCTION	
Name of Program Director: ☐ Copy of Current License received ☐ 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)	Title (MD, RN, PA, Paramedic)
Name of Clinical Coordinator: ☐ Copy of Current License received ☐ Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received.	Title (MD, RN, PA, Paramedic)
Name of Principal Instructor: ☐ Copy of Current License received ☐ Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section III.A.2.g.3) for examples of qualifying education)	Title (MD, RN, PA, Paramedic, Advanced EMT or EMT)
Name(s) of Teaching Assistant(s) ☐ Copy of Current License received	Title (MD, RN, PA, EMT-P, EMT Advanced, or EMT)
Submission Requirements:	**Date Received**
☐ Written request for program approval	
☐ Statement verifying use of the NHTSA National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines, DOT HS 811 077B, January 2009	
☐ A statement verifying implementation of the current American Heart Association Guidelines for CPR and ECC.	
☐ Samples of lesson plans for at least 2 didactic and 2 psychomotor skills sessions	
☐ Samples of psychomotor skills and cognitive exams used for periodic testing	
☐ Final psychomotor skills competency exam	
☐ Final cognitive exam	
☐ Location and proposed dates at which the course(s) are to be offered.	
Signature of person completing Checklist	Date
Typed or printed name	

VCEMS Use Only

All Requirements submitted	Date:
Approval letter sent	Date:
Re-approval date	Date