
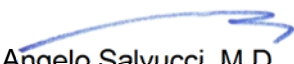


COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuing Education Provider Approval		Policy Number 1130	
APPROVED: Administration:	 Steven L. Carroll	Date	June 1, 2016
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date	June 1, 2016
Origination Date:	February 2001	Effective Date: June 1, 2016	
Date Revised:	February 11, 2016		
Date Last Reviewed:	February 11, 2016		
Review Date:	February, 2019		

- I. PURPOSE: To identify the procedure for approval of Continuing Education Providers (CEP's) in Ventura County, both Advanced and Basic Life Support, in accordance with CCR, Title 22, Division 9, Chapter 11.
- II. AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 11, Article 4.
- III. POLICY:
  - A. The Approving Authority for Prehospital Continuing Education Providers (CEP's) shall be the Ventura County Emergency Medical Services Agency.
  - B. Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc).
- IV. PROCEDURE:
  - A. Program Approval
    1. Eligible programs shall submit a written request for CEP approval to the EMS Agency and agree to provide at least 12 hours of continuing education per year.
    2. Applicant shall agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.
    3. Applicant shall agree to implement current American Heart Association ECC and CPR Guidelines.
    4. Applicant shall submit resumes for the Program Director and the Clinical Director.
    5. Educational Staff Requirements:  
Nothing shall preclude one person from filling more than one position.
      - a. Program Director

- 1) Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology. The following are examples of courses that meet the required instruction in teaching methodology:
  - a) California State Fire Marshal Fire Instructor 1-A, 1-B and 1-C, or;
  - b) National Fire Academy "Fire Service Instructional Methodology" course or equivalent, or;
  - c) Training programs that meet the US DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.
  - d) Individuals with equivalent experience may be provisionally approved for up to two years by the Agency pending completion of the above specified requirements.
- b. Clinical Director
  - 1) Must be either a physician, registered nurse, physician assistant, or paramedic currently licensed in California and shall have two years of academic, administrative or clinical experience in emergency medicine or prehospital care in the last five years.
- c. CE Provider Instructors
  - 1) Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.
6. Application Receipt Process

Upon receipt of a complete application packet, the Agency will notify the applicant within fourteen business days that;

  - a. The request for approval has been received.
  - b. The request does or does not contain all required information.

- c. What information, if any, is missing
- 7. Program Approval Time Frames
  - a. Program approval or disapproval shall be made in writing by the Agency to the requesting program, within sixty calendar days, after receipt of all required documentation.
  - b. The Agency shall establish an effective date for program approval in writing upon the satisfactory documentation of compliance with all program requirements.
  - c. Program approval shall be for four years following the effective date of the program and may be reviewed every four years subject to the procedure for program approval specified by the Agency.
- 8. Withdrawal of Program Approval
  - a. Noncompliance with any criterion required for program approval, use of any unqualified personnel, or noncompliance with any other applicable provision of Title 22 may result in suspension or revocation of program approval by the Agency.
  - b. An approved program shall have no more than sixty days to comply with corrections mandated by this policy.
- B. Program Review and Reporting
  - 1. All program materials are subject to periodic review by the Agency.
  - 2. All programs are subject to periodic on-site evaluation by the Agency.
  - 3. The Agency shall be advised of any program changes in course content, hours of instruction, or instructional staff.
  - 4. Records shall be maintained by the CEP for four years and shall contain the following:
    - a. Complete outlines for each course given, including brief overview, instructional objectives, outline, evaluations, and record of participant performance;
    - b. Record of time, place, and date each course is given and number of CE hours granted;
    - c. A curriculum vitae or resume for each instructor;
    - d. A roster of course participants (instructor based courses must have course participants sign roster)

5. Approved programs shall issue a tamper resistant Course Completion Certificate to each student who attends a continuing education course within 30 days of completion. This certificate shall include:
    - a. Student full legal name.
    - b. Certificate or license number
    - b. The date the course was completed
    - c. The name of the course completed
    - d. The name and signature of the Instructor or Program Director.
    - e. The name and address of the CE Provider.
    - f. Course completion document must contain the following statement with the appropriate information filled in. "This course has been approved for (number) of hours of continuing education by an approved California EMS CE Provider and was (check one) instructor based or non-instructor based." It also must have your C.E. provider number on it.
    - g. The following statement in bold print:

**"This document must be maintained for no less than four years"**
  6. For the initial six months of CE program approval, the CE Provider shall submit a lecture approval form to the EMS Agency prior to offering a course. After the initial six month period, the CE Provider shall approve and maintain their own records subject to review by the EMS Agency.
  7. A Continuing Education Roster shall be completed for every course offered by the CEP. This roster shall be maintained by the CEP and subject to review by the Agency.

However, a copy of the Continuing Education roster for all required Ventura County CE programs (EMS Update, Skills testing, etc) shall be submitted to the Agency immediately after the completion of the program.
  8. Each CEP shall provide an annual report to the Agency, within 45 days of year end, detailing the names of the courses, times, number of hours awarded, and participants. A form will be provided by the EMS Agency.
- C. Application for Renewal
1. The CEP shall submit an application for renewal at least sixty calendar days before the expiration date of their CE provider approval in order to maintain continuous approval.
  2. All CE provider requirements shall be met and maintained for renewal as specified in VCEMS Policy 1130 and CCR, Title 22, Division 9, Chapter 11.

# Ventura County Emergency Medical Services Agency Continuing Education Provider

## APPROVAL REQUEST

### General Information

Program/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Status Requested:  BLS  ALS

### Requirements

(All items below refer to Ventura County EMS Policy 1130 and Title 22 Regulations)

#### 1. Program Eligibility

<p><b>Eligible Programs</b></p> <ul style="list-style-type: none"> <li>Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc)</li> </ul>	<p><b>Name of Program</b></p>
<p>Written request for CEP Approval</p>	<p><input type="checkbox"/> Attached</p>
<p>Submit resumes for Program Director and Clinical Coordinator</p>	<p><input type="checkbox"/> Attached</p>
<p><b>If you will be offering CPR, state what organization will provide certification (AHA or ARC)</b></p>	<p><input type="checkbox"/> AHA <input type="checkbox"/> ARC</p>
<p><b>Our organization verifies that we have implemented the current American Heart Association ECC and CPR Guidelines.</b></p>	<p>Signature: _____</p>

#### 2. Program Administration and Staff

<p><b>Program Director</b></p> <ul style="list-style-type: none"> <li>Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology as described in Policy 1130, Section IV.A.5.a.1).</li> <li>Include current CV, resume, and copies of certifications/licensures.</li> </ul>	<p>Name of Program Director:</p>
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<p><b>Clinical Director</b></p> <ul style="list-style-type: none"> <li>• Two years experience in emergency medicine or prehospital care in the past five years.</li> <li>• Currently licensed CA MD, RN, PA, or paramedic.</li> <li>• Include current CV, resume, and copies of certifications/licensures.</li> </ul>	<p>Name of Clinical Director:</p>
<p><b>CE Provider Instructor(s)</b></p> <ul style="list-style-type: none"> <li>• Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.</li> </ul>	<p>Name(s) of CE Provider Instructor(s):</p>

**3. CE Records and Quality Improvement**

<p><b>Agree to maintain all continuing education records for a minimum of four years.</b></p>	<p>Signature: _____</p>
<p><b>Agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.</b></p>	<p>Signature: _____</p>
<p><b>Course Completion Certificate/Record</b></p> <ul style="list-style-type: none"> <li>• Provide a copy of the Course Completion Certificate/Record that will be issued upon completion of each session. Course completion shall state whether the course was instructor or nor instructor based.</li> </ul>	<p><input type="checkbox"/> Attached</p>

*VCEMS Office Use Only*

<p>All Requirements Submitted:</p>	<p>Date:</p>
<p>CEP Application Approved:</p>	<p>Date:</p>
<p>Approval Letter Sent:</p>	<p>Date:</p>
<p>Re-Approval Due:</p>	<p>Date:</p>
<p> </p>	<p> </p>
<p>Signature of person approving CEP</p>	<p>Date</p>
<p> </p>	<p> </p>
<p>Typed or printed name</p>	<p> </p>