

County of San Luis Obispo Public Health Department  
Division: Emergency Medical Services Agency

Policy 170 Attachment A  
Effective Date: 06/01/2023

### EMT TRAINING PROGRAM APPLICATION

PROGRAM INFORMATION					
Training Program Name:					
Mailing Address:			Physical Address (if different than mailing):		
City:	State:	Zip:	City:	State:	Zip:
<input type="checkbox"/> This is a change of address			<input type="checkbox"/> This is a change of address		
Contact Name:			Contact Title:		
Contact Number:			Contact Email:		

EMT TRAINING PROGRAM STAFF	
(If needing more space, please use a separate sheet of paper)	
Program Director:	
Program Clinical Coordinator:	
Principal Instructor:	

<b><i>I certify that all information contained herein is true and correct, to the best of my knowledge. I will follow all CCRs that apply to the training program. Within 30 days, I will resubmit any information as it changes or becomes outdated.</i></b>	
Signature of Representative:	Date:

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<b>Include all items listed below:</b>
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<input type="checkbox"/> Current application fee.
<input type="checkbox"/> A statement verifying usage of the U. S. Department of Transportation (DOT) National Emergency Medical Services Education Standards (DOT HS 811 077A, January 2009).
<input type="checkbox"/> A statement verifying CPR training equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT basic course.
<input type="checkbox"/> Samples of written and skills examinations used for periodic testing.
<input type="checkbox"/> Details of a final skills competency examination.
<input type="checkbox"/> A copy of the final written examination.
<input type="checkbox"/> The name and qualifications of the program director, program clinical coordinator, and principal instructor(s).
<input type="checkbox"/> Provisions for clinical experience training for EMT students, including performance objectives and written agreements with clinical sites.
<input type="checkbox"/> Provisions for course completion by challenge, including a challenge examination, if different from the final examination.
<input type="checkbox"/> Provisions for a twenty-four (24) hour refresher course including additional course documentation per CCR, required for recertification. Also include a statement verifying usage of the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996.
<input type="checkbox"/> The location at which the courses are to be offered and their proposed dates.
<input type="checkbox"/> A copy of the course completion certificate.
<input type="checkbox"/> The procedure for informing students of state regulations, the EMS Agency's policies, and certification process for all categories of students.
<input type="checkbox"/> A table of contents listing the required information with corresponding page numbers.

Please send completed packet to PH\_EMISA@co.slo.ca.us -or- 2995 McMillan Ave, Ste 178, SLO, CA, 93401.  
Call (805)788-2519 to make an appointment for office visits.