

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

Policy 172 Attachment A
 Effective Date: 06/01/2023

PARAMEDIC 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:		

PROGRAM ACCREDITATION STATUS	
CoAEMSP LoR date:	CAAHEP accreditation date:
CoAEMSP recommendation for accred. date:	CAAHEP accreditation renewal date:

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

<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 Within 30 days, I will resubmit any information as it changes or becomes outdated.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>	
Signature of Representative:	Date:

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Include all items listed below:
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<input type="checkbox"/> Current application fee.
<input type="checkbox"/> A statement verifying that the course content meets the requirements contained in the U. S. Department of Transportation (DOT) National Emergency Medical Services Education Standards, DOT HS 811 077 E, January 2009, or most current version.
<input type="checkbox"/> An outline of course objectives.
<input type="checkbox"/> Performance objectives for each skill.
<input type="checkbox"/> The name, title, and proof of qualifications for the program director, medical director, and principal instructor(s).
<input type="checkbox"/> Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
<input type="checkbox"/> Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
<input type="checkbox"/> The location where courses are to be offered and their proposed dates.
<input type="checkbox"/> Written agreements or contracts between the paramedic training program and a hospital(s) or other clinical setting(s), and provider agency(ies), for student placement for clinical education and field internship training.
<input type="checkbox"/> All documents submitted to, and received from, CoAEMSP and CAAHEP, including a copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation.
<input type="checkbox"/> Samples of written and skills examinations administered by the training program.
<input type="checkbox"/> Samples of a final written examination(s) administered by the training program.
<input type="checkbox"/> Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.
<input type="checkbox"/> Critical Care Paramedic (CCP) programs shall submit a statement verifying the CCP training program course content complies with all necessary requirements in California Code of Regulations (CCR).
<input type="checkbox"/> The procedure for informing students of state regulations, the EMS Agency's policies, licensure and accreditation processes for all categories of students.
<input type="checkbox"/> A plan for participation in EMS Agency Quality Improvement Program.
<input type="checkbox"/> A copy of the course completion certificate.
<input type="checkbox"/> A copy of the student fee schedule.
<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.