



Paramedic Training Program Application

Submit completed application and supporting documentation to:

Contra Costa Emergency Medical Services
Attn: Paramedic Training Program Approval
777 Arnold Drive, Suite 110
Martinez, CA 94553
(925) 608-5454
cchealth.org/EMS

Paramedic Training Program Checklist

Material to be submitted	Initial	Renewal	EMS Agency Use Only
Application Form			
Course location – proposed dates – textbook information forms			
Program Medical Director form and supporting documentation, including curriculum vitae			
Program Director form and supporting documentation, including curriculum vitae			
Clinical Coordinator form and supporting documentation, including curriculum vitae			
Principal Instructor form and supporting documentation for each principal instructor, including curriculum vitae			
Teaching Assistant form and supporting documentation for each teaching assistant, including curriculum vitae			
Clinical Experience Affiliation form and supporting documentation			
Field Internship Affiliation form and supporting documentation			
Current CAAHEP accreditation letter or Letter of Review			
Course schedule			
Outlines of prerequisite courses for program entry			
Outline of course objectives			
Detailed course curriculum, including syllabi and textbook(s)			
Performance objectives for each skill			
Description of quality improvement process for student clinical performance			
Description of how the school will integrate into the Contra Costa County EMS quality improvement program			

Material to be submitted	Initial	Renewal	EMS Agency Use Only
EMS Quality Improvement Plan (EQIP)			
Proposed field observation criteria			
Description of the orientation program for the program's preceptors who are observing students; must include training on objective scoring criteria			
Clinical and field evaluation forms			
Written description of the training facilities			
Written description of the training equipment			
Written description of exam security			
Written description of student record keeping procedures and security			
Sample of written and skills examinations used for periodic testing			
Final written examination			
Final skills competency examination			
Sample of course completion certificate			
Provisions for National Registry Paramedic refresher course [Requirement for renewal only]			
Sample continuing education (CE) certificate (consistent with Title 22, Div 9, Ch 11, Section 100395(m))			
Applicant's accreditation or licensure for program eligibility			
Letter of commitment that the program will have sufficient resources to place all students in clinical sites within 60 days of completion of didactic training and place all students in field internships within 90 days of completion of clinical experience. Letter must explain how this will be accomplished.			
Submit all documents electronically via a USB drive			
Paramedic Training Program Approval Fee			

LEMSA Use Only		
_____	_____	_____
Reviewed by	Date approved	Date expires

Paramedic Training Program Application

<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
Indicate Type of Program Eligibility:	
<input type="checkbox"/> Accredited University/College (Junior and Community College or Private Postsecondary School)	
<input type="checkbox"/> Medical Training Unit of a Branch of the Armed Forces or US Coast Guard	
<input type="checkbox"/> Government Agency, including Public Safety Agency	
<input type="checkbox"/> Licensed General Acute Care Hospital (must hold a special permit to operate Basic or Comprehensive Emergency Medical Service and provide continuing education to other health care professionals)	
Name of Training Program:	
Street Address:	
City:	State:
Telephone: ()	Fax: ()
Zip:	
Website:	
Program Director:	
Clinical Coordinator:	
Principal Instructor(s):	
Teaching Assistants:	
Clinical Site(s):	
Course Curriculum Verification	
<input type="checkbox"/>	I verify that the Paramedic course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS) 811 077 A, January 2009.
<input type="checkbox"/>	I verify that CPR training to the current American Heart Association's (AHAs) Cardiopulmonary Resuscitation for Basic Life Support is a prerequisite for admission into this paramedic program.

I certify that all information in this application packet is true and correct, to the best of my knowledge, and that I have read and understand the responsibilities and expectations of a Paramedic training program as outlined in CA Code of Regulations, Title 22, Division 9, Chapter 4.

I also agree to notify the LEMSA of any change in information submitted in this application within 10 calendar days.

Signature of Program Director

Signed in _____ on _____
city/state date

Course Location

Proposed Course Dates:					
Class Site Street Address:					
City:		State:		Zip:	
Primary Instructor:					
Teaching Assistants:					

Course Hours

	Paramedic Course	Refresher Course
Classroom Hours:		
Clinical Hours:		
Field Internship Hours:		
Total Hours:		
Number of Units:	<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Other: (specify) _____	

Textbook Information

Title	Author	Edition	Publisher

Program Medical Director Information

1. Each training program shall have an approved program medical director who shall be a physician currently licensed in the State of California, who has two (2) years experience in prehospital care in the last five (5) years, and who is qualified by education or experience in methods of instruction.

2. Duties of the program medical director shall include, but not be limited to:
 - a. Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.

 - b. Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.

 - c. Approval of provision for hospital clinical and field internship experiences.

 - d. Approval of principal instructor(s).

Name:				Title:			
Organization:							
Street Address:							
City:				State:		Zip:	
Phone:	()			Email:			
Professional License/ Certification Type:					Expiration Date:		
Teaching Credential(s):							

I hereby certify that I meet the qualifications for Program Medical Director as listed above and have attached documentation demonstrating my qualifications. I have read and understand the duties of a Paramedic Program Medical Director and the requirements for a paramedic training program as specified in State regulation.

Signature of Program Medical Director

Signed in _____ on _____
city/state date

Program Director Information

1. Each training program shall have an approved program director who shall be licensed in California as a physician, a registered nurse who has a baccalaureate degree or a paramedic who has a baccalaureate degree, or shall be an individual who holds a baccalaureate degree in a related health field or in education. The course director shall be qualified by education and experience in methods, materials, and evaluation of 13 Effective February 8, 2016 instruction, and shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education within the last five (5) years.
2. The program director shall be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty (40) hours of instruction in teaching methodology. Following are examples of courses that meet the required instruction in teaching methodology:
 - a. California State Fire Marshal (CSFM) "Training Instructor 1A, 1B, and 1C",
 - b. National Fire Academy (NFA) "Fire Service Instructional Methodology" course, and 14 Effective February 8, 2016
 - c. A course that meets the U. S. Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the National Association of EMS Educators' EMS Educator Course.
 - d. An advanced degree (e.g., masters or doctorates) from an accredited university may be substituted in lieu of requirements listed in 2.a. – 2.c.
3. Duties of the course director shall include, but not be limited to:
 - a. Administration, organization and supervision of the educational program.
 - b. In coordination with the program medical director, approve the principal instructor, teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.
 - c. Sign all course completion records.
 - d. Ensure training program compliance with California Code of Regulations, Title 22, Division 9, Chapter 4, Article 3 and other related laws.

- e. Ensure that the preceptor(s) are trained according to the curriculum in § 100150 subsection (e)(4).

Name:					Title:			
Organization:								
Street Address:								
City:					State:		Zip:	
Phone:	()			Email:				
Professional License/ Certification Type:						Expiration Date:		
Teaching Credential(s):								

I hereby certify that I meet the qualifications for Program Director as listed above and have attached documentation demonstrating my qualifications. I have read and understand the duties of a Paramedic Program Director and the requirements for a paramedic training program as specified in State regulation.

Signature of Program Director

Signed in _____ on _____
city/state date

Clinical Coordinator Information

1. Each training program shall have an approved program clinical coordinator who shall be either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years.

2. Duties of the program clinical coordinator shall include, but not be limited to:
 - a. Responsibility for the overall quality of medical content of the program;

 - b. Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

Name:		Title:			
Organization:					
Street Address:					
City:		State:		Zip:	
Phone:	()	Email:			
Professional License Number:		Expiration Date:			
<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> Paramedic <input type="checkbox"/> Physician Assistant					

I hereby certify that I meet the qualifications for Clinical Coordinator as listed above and have attached documentation demonstrating my qualifications. I have read and understand the duties of the Clinical Coordinator and the requirements for a paramedic training program as specified in State regulation and LEMSA policies.

Signature of Clinical Coordinator

Signed in _____ on _____
city/state date

Principal Instructor Information

1. Each training program shall have a principal instructor(s), who may also be the program clinical coordinator or program director, who shall be either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years, and shall be an individual who holds a baccalaureate degree in a related health field or in education.

2. The principal instructor(s) shall be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty (40) hours of instruction in teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:
 - a. California State Fire Marshal (CSFM) "Training Instructor 1A, 1B, and 1C";

 - b. National Fire Academy (NFA) "Fire Service Instructional Methodology" course, and 14 Effective February 8, 2016; or

 - c. A course that meets the U. S. Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the National Association of EMS Educators' EMS Educator Course.

3. The principal instructor(s) shall be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned.

Name:		Title:			
Organization:					
Street Address:					
City:			State:		Zip:
Phone:	()	Email:			
Professional License Number:			Expiration Date:		
<input type="checkbox"/> MD <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Paramedic					

I hereby certify that I meet the qualifications for Principal Instructor as listed above and have attached documentation demonstrating my qualifications. I have read and understand the duties of an EMT Principal Instructor and the requirements for an EMT training program as specified in State regulation and LEMSA policies.

Signature of Principal Instructor

Signed in _____ on _____
city/state date

Approved by _____
Program Director Signature Date

Approved by _____
Clinical Coordinator Signature Date

Teaching Assistant Information

1. Each training program may have teaching assistant(s) who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned.
2. A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.

Name:				Title:			
Organization:							
Street Address:							
City:				State:		Zip:	
Phone:	()		Email:				
Professional License Number:				Expiration Date:			

I hereby certify that I meet the qualifications for teaching assistant as listed above and have attached documentation demonstrating my qualifications. I have read and understand the duties of a paramedic teaching assistant and the requirements for a paramedic training program as specified in State regulation and LEMSA policies.

Signature of Teaching Assistant

Signed in _____ on _____
city/state date

Approved by _____
Program Director Signature Date

Approved by _____
Clinical Coordinator Signature Date

Clinical Experience Affiliation

1. Each training program shall have written agreement(s) with one or more licensed general acute care hospital(s) and holds a permit to operate a basic or comprehensive emergency medical service for the clinical portion of the paramedic training program. The clinical setting may be expanded to include areas commensurate with the skills experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by the LEMSA. The maximum number of hours in the expanded clinical setting shall not exceed forty (40) hours of the total clinical hours specified in Section § 100154(a)(2).
2. The written agreement(s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience for the paramedic student(s).
3. Each training program shall have a hospital clinical preceptor(s) who shall:
 - a. Be a physician, registered nurse or physician assistant currently licensed in the State of California.
 - b. Have worked in emergency medical care for the last two (2) years.
 - c. Be under the supervision of a principal instructor, the course director, and/or the program medical director.
 - d. Receive instruction in evaluating paramedic students in the clinical setting. Means of instruction may include, but need not be limited to, educational brochures, orientation, training programs, or training videos, and shall include how to do the following in cooperation with the paramedic training program:
 - i. Evaluate a student's ability to safely administer medications and perform assessments.
 - ii. Document a student's performance.
 - iii. Review clinical preceptor requirements contained in this Chapter.
 - iv. Assess student behaviors using cognitive, psychomotor, and affective domains.
 - v. Create a positive and supportive learning environment.

- vi. Identify appropriate student progress.
 - vii. Counsel the student who is not progressing.
 - viii. Provide guidance and applicable procedures for dealing with an injured student or student who has had an exposure to illness, communicable disease or hazardous material. Supervision for the clinical experience shall be provided by an individual who meets the qualifications of a principal instructor or teaching assistant.
- e. No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.

Name of Affiliated Site:							
Street Address:							
City:				State:		Zip:	
Contact Person:							
Phone:	()				Email:		

Name of Affiliated Site:							
Street Address:							
City:				State:		Zip:	
Contact Person:							
Phone:	()				Email:		

Name of Affiliated Site:							
Street Address:							
City:				State:		Zip:	
Contact Person:							
Phone:	()				Email:		

(Attach copy of written agreement for each entity listed above)

I hereby certify that I have read, understand and agree to comply with the requirements for clinical experience for a paramedic training program as specified in State regulation and LEMSA policies.

Signature of Program Director

Signed in _____ on _____
city/state date

Signature of Clinical Coordinator

Signed in _____ on _____
city/state date

Field Internship Affiliation

1. Each training program shall enter into a written agreement with a paramedic service provider(s) to provide for field internship, as well as for a field preceptor(s) to directly supervise, instruct, and evaluate the students. The assignment of a student to a field preceptor shall be a collaborative effort between the training program and the provider agency. If the paramedic service provider is located outside the jurisdiction of the paramedic training program approving authority, then the training program shall do the following:
 - a. In collaboration with the LEMSA in which the field internship will occur, ensure that the student has been oriented to that LEMSA, including local policies and procedures and treatment protocols.
 - b. Contact the LEMSA where the paramedic service provider is located and report to that LEMSA the name of the paramedic intern in their jurisdiction, the name of the EMS provider, and the name of the preceptor. The paramedic intern shall be under the medical control of the medical director of the LEMSA in which the internship occurs.
 - c. The training program shall be responsible for ensuring that the field preceptor has the experience and training as required in § 100150(g)(1)-(4).
2. Each training program shall have field internship preceptor(s) who shall:
 - a. Have completed field preceptor training approved by the LEMSA and comply with the field preceptor guidelines approved by the LEMSA. Training shall include a curriculum that will result in the preceptor being competent to evaluate the paramedic student during the internship phase of the training program, and how to do the following in cooperation with the paramedic training program:
 - i. Conduct a daily field evaluation of students.
 - ii. Conduct cumulative and final field evaluations of all students.
 - iii. Rate students for evaluation using written field criteria.
 - iv. Identify ALS contacts and requirements for graduation.
 - v. Identify the importance of documenting student performance.
 - vi. Review field preceptor requirements contained in this Chapter.

- vii. Assess student behaviors using cognitive, psychomotor, and affective domains.
- viii. Create a positive and supportive learning environment. 15 Effective February 8, 2016
- ix. Measure students against the standard of entry level paramedics.
- x. Identify appropriate student progress.
- xi. Counsel the student who is not progressing.
- xii. Identify training program support services available to the student and the preceptor.
- xiii. Provide guidance and applicable procedures for dealing with an injured student or student who has had an exposure to illness, communicable disease or hazardous material.

b. No more than one (a) student will be assigned to one (1) qualified preceptor during the field internship.

Name of Affiliated Site:					
Street Address:					
City:		State:		Zip:	
Contact Person:					
Phone:	()	Email:			

Name of Affiliated Site:					
Street Address:					
City:		State:		Zip:	
Contact Person:					

Phone:	()	Email:	
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Name of Affiliated Site:			
Street Address:			
City:		State:	
		Zip:	
Contact Person:			
Phone:	()	Email:	

(Attach copy of written agreement for each entity listed above)

I hereby certify that I have read, understand and agree to comply with the requirements for field internships for a paramedic training program as specified in State regulation and LEMSA policies.

Signature of Program Director

Signed in _____ on _____
city/state date

Signature of Clinical Coordinator

Signed in _____ on _____
city/state date

Paramedic Refresher Course Information

1. Upon renewal, each training program shall offer a National Registry Paramedic course required for recertification.
2. A statement verifying usage of the Paramedic course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS) 811 077 A, January 2009.

Paramedic Refresher Course					
Name of Training Program:					
Street Address:					
City:		State:		Zip:	
Telephone:	()	Fax:	()		
Website:					
Program Director:					
Clinical Coordinator:					
Principal Instructor(s):					
Teaching Assistants:					
Course Curriculum Verification					
<input type="checkbox"/>	I verify that the Paramedic course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS) 811 077 A, January 2009.				
<input type="checkbox"/>	I verify that CPR training to the current American Heart Association's (AHAs) Cardiopulmonary Resuscitation for Basic Life Support is a prerequisite for admission into this paramedic program.				

Include the following items for a paramedic refresher course, if different from the paramedic training course

Description	Enclosed	Approved
Samples of written and skills examinations used for periodic testing		
Final skills competency examination		
Final written examination		

Signature of Program Director

Signed in _____ on _____
city/state date