



Paramedic Training Program Application

APPLICATION & PROGRAM ELIGIBILITY TYPE

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Paramedic Training Program |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Critical Care Paramedic (CCP) Training Program |
- Accredited University/College (Junior and Community College or Private Postsecondary School)
- Medical training unit of a branch of the Armed Forces or Coast Guard of the United States
- Licensed General Acute Care Hospital
- Government Agency

PROGRAM & PERSONNEL INFORMATION

Training Program Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Website:

Course Director:

Medical Director:

Principal Instructors:

Textbook Name & Version:

PARAMEDIC TRAINING PROGRAM COURSE CURRICULUM ATTESTATION

Initials

Attestation Statement (mark as applicable)

- Paramedic Training Program:** I verify that the course content meets the requirements contained in the U.S. DOT National Education Standards (DOT HS 811 077A January 2009)
- CCP Training Program:** I verify that the CCP course content meets the requirements contained in the California Code of Regulations, Title 22, Chapter 4, Section 100160(b)

CAAHEP ACCREDITATION STATUS

Currently CAAHEP Accredited

Not Currently CAAHEP Accredited

CAAHEP Accreditation Program # (if applicable):

CAAHEP Accreditation Expiration Date (if applicable):



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PARAMEDIC TRAINING PROGRAM APPLICATION CHECKLIST

Initial	Renewal	Required Item
<input type="checkbox"/>	<input type="checkbox"/>	Paramedic Training Program Application – completed and signed
<input type="checkbox"/>	<input type="checkbox"/>	Copy of current CAAHEP accreditation letter
<input type="checkbox"/>	<input type="checkbox"/>	Copy of current BPPE approval (Private Postsecondary School only)
<input type="checkbox"/>	N/A	Outline of course objectives
<input type="checkbox"/>	N/A	Performance objectives for each skill
<input type="checkbox"/>	N/A	Medical Director form and resume
<input type="checkbox"/>	N/A	Course Director form and resume
<input type="checkbox"/>	N/A	Principal Instructor form and resume
<input type="checkbox"/>	N/A	Clinical and field internship affiliation form
<input type="checkbox"/>	N/A	Copies of written agreements with clinical and field internship providers
<input type="checkbox"/>	<input type="checkbox"/>	Copies of clinical and field internship evaluation forms
<input type="checkbox"/>	<input type="checkbox"/>	Brief written description of the training facilities and equipment
<input type="checkbox"/>	<input type="checkbox"/>	Brief written description of exam security
<input type="checkbox"/>	<input type="checkbox"/>	Brief written description of student record keeping procedures and security
<input type="checkbox"/>	<input type="checkbox"/>	Samples of written and skills examinations used for periodic testing
<input type="checkbox"/>	<input type="checkbox"/>	Final written examination
<input type="checkbox"/>	<input type="checkbox"/>	Sample of course completion certificate

APPLICATION COMPLETION/SUBMISSION ATTESTATION

I hereby certify under penalty of perjury that all information listed on this application and attached documents is true and correct to the best of my knowledge and belief. I understand that any falsification or omission of material facts may cause denial, suspension or withdrawal of paramedic training program approval.

Name	Signature	Date