



ADVANCED EMT (AEMT) TRAINING PROGRAM APPLICATION

Submit Completed applications and appropriate supporting documentation to:

John Poland, QI & Education Coordinator
Sierra – Sacramento Valley EMS Agency
5995 Pacific Street, Rocklin, CA 95677
(916) 625-1719
john.poland@ssvems.com

Initial	Renewal	
<u>Indicate Type of Program Eligibility</u>		
Accredited University/College (Junior and Community College or Private Postsecondary School)		
Medical training unit of a branch of the Armed Forces or US Coast Guard		
Government Agency		
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:	Zip Code:
Telephone:	Fax:	Website:
Training Program Medical Director:		
Training Program Course Director:		
Training Program Principal Instructor(s):		
Hospital Clinical Site(s):		
Field Internship Site(s):		



ADVANCED EMT (AEMT) TRAINING PROGRAM COURSE CURRICULUM VERIFICATION

I verify that the Advanced Emergency Medical Technician course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009: http://ems.gov/pdf/811077a.pdf)

Name/Title

Signature

Date Submitted

ADVANCED EMT (AEMT) TRAINING PROGRAM CHECKLIST

Table with 3 columns: DESCRIPTION, ENCLOSED, APPROVED. Rows include items like 'Table of contents listing the required information indicated below', 'AEMT Training Program Application - completed and signed', 'Course Location and Proposed Dates Form', etc.



ADVANCED EMT (AEMT) TRAINING PROGRAM CHECKLIST (continued)

DESCRIPTION	ENCLOSED	APPROVED
Final skills competency examination		
Final written examination		
Provisions for course completion by challenge, including a challenge examination (if different from the final examination)		
Sample of the proposed course completion certificate		
Description of the program facilities, equipment, examination security and student record keeping (Note: additional evidence of compliance with these items, including initial or periodic site visit(s) by S-SV EMS Agency staff may be required)		
AEMT training program fee paid		
S-SV EMS Agency Approval		
_____ Name/Title	_____ Signature	_____ Date Approved