



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)
	<input type="checkbox"/> 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)
	<input type="checkbox"/> 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

- | | |
|--|--|
| <input type="checkbox"/> Currently CAAHEP Accredited | <input type="checkbox"/> 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