



**Sierra – Sacramento Valley EMS Agency
Tactical Casualty Care (TCC) Training Program Application
Reference No. 460-A**



| | | | | | |
|--|-------------|--|--|---|-------------------|
| <input type="checkbox"/> Initial | | <input type="checkbox"/> Renewal | | <input type="checkbox"/> Program Update | |
| Level of TCC Program | | | | | |
| <input type="checkbox"/> Tactical First Aid/Tactical Medicine FRO (Minimum 4 hour course, 8 hours recommended) | | | <input type="checkbox"/> Tactical Life Saver/Tactical EMS Technician (Minimum 40 hour course) | | |
| TCC Program Name: | | | | | |
| CE Provider # (if applicable): | | | | | |
| Street Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Telephone: | | Fax: | | Email: | |
| Program Director Name: | | | | | |
| Program Director Certification/License Number and Expiration: | | | | | |
| <p>I certify that I have read and understand the S-SV EMS 'Tactical Emergency Medical Services (TEMS)' Policy (460) as well as the California Tactical Casualty Care Training Guidelines (EMSA #370), and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit & review provisions required/conducted by the S-SV EMS Agency. Furthermore, I certify that all information on this application is true and correct to the best of my knowledge.</p> | | | | | |
| _____ Program Director Signature | | | | _____ Date | |
| Required Supporting Documentation | | | | | |
| <input type="checkbox"/> Instructor Resume | | <input type="checkbox"/> List of Tactical Medical Scenarios | | | |
| <input type="checkbox"/> Course Curriculum/Training Material | | <input type="checkbox"/> Written/Skills Examinations | | | |
| <input type="checkbox"/> Course Outline with Hourly Description | | <input type="checkbox"/> Proposed CE Certificate/Course Completion | | | |
| <input type="checkbox"/> Course Safety Policy | | <input type="checkbox"/> Fee \$100 | | | |
| <input type="checkbox"/> List of Psychomotor Skills | | | | | |
| S-SV EMS Agency Use Only | | | | | |
| Application Received | Reviewed By | Approval Date | Renewal Date | CE Provider # | Method of Payment |
| | | | | | |