



# 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 units of the United States Armed Forces or Coast Guard
- Licensed General Acute Care Hospital
- Government agency

## PROGRAM & PERSONNEL INFORMATION

Training Program Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Website:

Course Dates (attached additional letter if necessary):

Program Medical Director:

Program Director:

Principal Instructor:

Textbook Name & Version:

## PARAMEDIC TRAINING PROGRAM COURSE CURRICULUM ATTESTATION

Initials	Attestation Statement (mark as applicable)
	<input type="checkbox"/> <b>Paramedic Training Program:</b> I verify that the course content meets the requirements contained in the U.S. DOT National Education Standards (DOT HS 811 077E January 2009) <input type="checkbox"/> <b>CCP Training Program:</b> I verify that the CCP course content meets the requirements contained in CCR, Title 22, Division 9, Chapter 4, Section 100155(c)

## 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):



# Paramedic Training Program Application

## PARAMEDIC TRAINING PROGRAM APPLICATION CHECKLIST

Required Item	
<input type="checkbox"/>	Paramedic Training Program Application – completed and signed
<input type="checkbox"/>	Copy of a CoAEMSP LoR or current CAAHEP accreditation letter (as applicable)
<input type="checkbox"/>	Copy of current BPPE approval (private post-secondary schools only)
<input type="checkbox"/>	Outline of course objectives
<input type="checkbox"/>	Performance objectives for each skill
<input type="checkbox"/>	Program Medical Director form and resume
<input type="checkbox"/>	Program Director form and resume
<input type="checkbox"/>	Principal Instructor form and resume
<input type="checkbox"/>	Copies of written agreements with clinical internship providers
<input type="checkbox"/>	Copies of clinical internship evaluation forms
<input type="checkbox"/>	Copies of written agreements with field internship providers
<input type="checkbox"/>	Copies of field internship evaluation forms
<input type="checkbox"/>	Written description of the training facilities and equipment
<input type="checkbox"/>	Written description of exam security
<input type="checkbox"/>	Written description of student record keeping procedures and security
<input type="checkbox"/>	Samples of written and skills examinations used for periodic testing
<input type="checkbox"/>	Samples of a final written examination
<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 or CCP training program approval.

Name	Signature	Date