



EMT TRAINING PROGRAM APPLICATION

Submit Completed applications and appropriate supporting documentation to:

Sierra – Sacramento Valley EMS Agency
535 Menlo Dr. Ste. A, Rocklin, CA 95765
(916) 625-1716
Pete.kruse@ssvems.com

Initial	Renewal	
EMT Training Program	EMT Refresher Training Program	
<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 Including Public Safety 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 Course Director:		
Training Program Clinical Coordinator:		
Training Program Principal Instructor(s):		
Clinical Site(s):		



EMT TRAINING PROGRAM COURSE CURRICULUM VERIFICATION

EMT Training Program

I verify that the 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>

I verify that CPR training equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT basic course

EMT Refresher Training Program

I verify that the Emergency Medical Technician Refresher course content is equivalent to the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996. <http://www.nhtsa.gov/people/injury/ems/pub/basicref.pdf>

Name/Title

Signature

Date Submitted



EMT TRAINING PROGRAM CHECKLIST

DESCRIPTION	ENCLOSED	APPROVED
Table of contents listing the required information indicated below		
EMT Training Program Application – completed and signed		
Course Location and Proposed Dates Form		
Training Program Course Director Form and resume		
Training Program Clinical Coordinator Form and resume		
Training Program Principal Instructor(s) Form(s) and resume(s)		
Clinical Experience Affiliation Form		
Copies of written agreements with clinical experience providers		
Samples of written and skills examinations used for periodic testing		
Final skills competency examination		
Final written examination		
Provisions for EMT course completion by challenge, including a challenge examination (if different from the final examination)		
Sample of proposed course completion certificate		
Provisions for a twenty-four (24) hour refresher course required for recertification		
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)		
EMT training program fee paid		
S-SV EMS Agency Approval		
<hr/> Name/Title	<hr/> Signature	<hr/> Date Approved