



**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	
<b>Level of TCC Program</b>					
<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 &amp; 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	
<b>Required Supporting Documentation</b>					
<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