

		02-0201B	Initial Paramedic Accreditation Form
Nor-Cal EMS Policy & Procedure Manual		ALS Certifications	
Effective Date: 02/27/2018		Next Revision: 02/27/2020	
Approval: Eric Rudnick, MD – MEDICAL DIRECTOR		SIGNATURE ON FILE	
This form must be completed and submitted within forty-five (45) days of receiving the Accreditation packet and test date from Nor-Cal EMS			
Name:		E-mail:	Phone:
CA Paramedic License #		Expiration Date:	
Primary Employer:			
Employer #2:			
Required Trainings			Training Date
12 Lead EKG Policy			
Continuous Quality Improvement (CQI) Policies and Procedures			
Cricothyroidotomy Protocol and NCEMS training,			
Destination Policy			
Determination of Death Policy			
Do Not Resuscitate Policy			
Endotracheal Intubation Policy and Mandatory Metrics			
Interfacility Transfer Policy			
Needle Thorocostomy Policy			
Refusal of Care / Release at Scene Policy and NCEMS training			
Sedation Policy			
Spinal Motion Restriction Protocol			
Supraglottic Protocol and Mandatory Metrics			
Transcutaneous Pacing Protocol			
Trauma Policies and Procedures			
Unusual Occurrence Report			
Paramedic Optional Scope of Practice (If Applicable):			
Heparin Training			
IV Nitroglycerin Training			
Continuation of Blood Products Policy and NCEMS training			
Review of Region III MCI Plan – Manuals 1 & 2			
Supervised field evaluation with an approved preceptor, minimum of five (5) ALS calls to a maximum of ten (10) ALS calls. Number of orientation calls completed _____ <input type="checkbox"/> This requirement was waived by LEMSA			
I am an authorized representative for (Name of Provider Agency) provider agency.			
The above named Paramedic has successfully completed all required courses and trainings for Initial Accreditation in the Nor-cal EMS region.			
Employer Signature:			Date:
Print Name:			Title:
NOR-CAL EMS USE ONLY:	Application completed	Date:	
	Testing Date:	Score:	
	Repeat Test Date:	Score:	