



**NORTHERN CALIFORNIA EMS, INC.**

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**EMERGENCY MEDICAL RESPONDER (EMR) PROGRAM APPLICATION**

- INITIAL
- RENEWAL
- PROGRAM UPDATE
- EMR TRAINING PROGRAM
- EMR REFRESHER TRAINING PROGRAM

Name of Training Program:			
Street Address:			
City:		State:	Zip:
Telephone:		Fax:	
Email		Website:	
Training Program Principal Instructor:			
Training Program Teaching Assistants(s):			
<p>I verify that the Emergency Medical Responder course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standards:</p> <ul style="list-style-type: none"> <li>• <a href="http://www.ems.gov/pdf/811077a.pdf">http://www.ems.gov/pdf/811077a.pdf</a></li> <li>• <a href="http://www.ems.gov/pdf/811077b.pdf">http://www.ems.gov/pdf/811077b.pdf</a></li> </ul> <p>I further certify that the program will utilize the appropriate instructor-to-student ratio (at least one principal instructor or teaching assistant for each 10 students during skills practice/laboratory sessions), and that appropriate equipment and adequate classroom space will be available for all instructional activities.</p>			
Principal Instructor Signature _____		Date _____	
NOR-CAL EMS USE ONLY			
APPLICATION RECEIVED	REVIEWED BY	APPROVAL DATE	RENEWAL DATE

## EMERGENCY MEDICAL RESPONDER TRAINING PROGRAM CHECKLIST

<b>Name of Training Program:</b>		
	ENCLOSED	APPROVED
Training Program Application — completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
Training Program Principal Instructor(s) Application(s) and resume(s)	<input type="checkbox"/>	<input type="checkbox"/>
Course Location and Proposed Dates Form	<input type="checkbox"/>	<input type="checkbox"/>
Samples of written and skills examinations used for periodic testing	<input type="checkbox"/>	<input type="checkbox"/>
Title of Required Textbook	<input type="checkbox"/>	<input type="checkbox"/>
Final written examination with pre-established scoring standards	<input type="checkbox"/>	<input type="checkbox"/>
Skills competency testing criteria with pre-established scoring standards	<input type="checkbox"/>	<input type="checkbox"/>
Sample of proposed course completion certificate	<input type="checkbox"/>	<input type="checkbox"/>
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 Nor-Cal EMS Agency staff may be required)	<input type="checkbox"/>	<input type="checkbox"/>
Training program fee paid (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nor-Cal EMS Approval</b>		
Name/Title	Signature	Date