



## ADVANCED EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM APPLICATION\*

INITIAL       RENEWAL       PROGRAM UPDATE

|  |          |      |
|--|----------|------|
| <u>Indicate Type of Program Eligibility</u>  |          |      |
| <input type="checkbox"/> Accredited University/College (Junior and Community College or Private Postsecondary School)  |          |      |
| <input type="checkbox"/> Medical Training Unit of a Branch of the Armed Forces or US Coast Guard   |          |      |
| <input type="checkbox"/> Government Agency Including Public Safety Agency  |          |      |
| <input type="checkbox"/> 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: |
| Telephone:   | Fax:     |      |
| Email  | Website: |      |
| Training Program Medical Director:   |          |      |
| Training Program Course Director:  |          |      |
| Training Program Principal Instructor(s):  |          |      |
| Training Program Clinical Coordinator:   |          |      |
| Hospital Clinical Site(s):   |          |      |
| Field Internship Site(s):  |          |      |

\*Reference and comply with California Code of Regulations Title 22. Social Security Division 9. Prehospital Emergency Medical Services Chapter 3, Advanced Emergency Medical Technician



**ADVANCED EMT (AEMT) TRAINING PROGRAM COURSE CURRICULUM VERIFICATION**

I verify that the Advanced 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): <https://ems.gov/pdf/811077a.pdf>

\_\_\_\_\_  
Name / Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ADVANCED EMT COURSE APPLICATION CHECKLIST**

|  | ENCLOSED                 | APPROVED                 |
|--|--------------------------|--------------------------|
| Table of contents listing the required information indicated below   | <input type="checkbox"/> | <input type="checkbox"/> |
| AEMT Training Program Application — completed and signed   | <input type="checkbox"/> | <input type="checkbox"/> |
| Course Location and Proposed Dates Form  | <input type="checkbox"/> | <input type="checkbox"/> |
| Course Outline   | <input type="checkbox"/> | <input type="checkbox"/> |
| Performance objectives for each skill  | <input type="checkbox"/> | <input type="checkbox"/> |
| Training Program Medical Director Form and resume  | <input type="checkbox"/> | <input type="checkbox"/> |
| Training Program Course Director Form and resume   | <input type="checkbox"/> | <input type="checkbox"/> |
| Training Program Principal Instructor(s) Form(s) and resume(s)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital/Field Internship Clinical Affiliation Form  | <input type="checkbox"/> | <input type="checkbox"/> |
| Copies of written agreements with hospital clinical providers  | <input type="checkbox"/> | <input type="checkbox"/> |
| Copies of standardized AEMT trainee hospital clinical evaluation forms   | <input type="checkbox"/> | <input type="checkbox"/> |
| Copies of written agreements with field internship providers   | <input type="checkbox"/> | <input type="checkbox"/> |
| Copies of standardized AEMT trainee field internship evaluation forms  | <input type="checkbox"/> | <input type="checkbox"/> |
| Samples of written and skills examinations used for periodic testing   | <input type="checkbox"/> | <input type="checkbox"/> |
| Final skills competency examination  | <input type="checkbox"/> | <input type="checkbox"/> |
| Final written examination  |                          |                          |
| Provisions for course completion by challenge, including a challenge examination (if different from the final examination)   |                          |                          |
| Sample of the 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 S-SV EMS Agency staff may be required) |                          |                          |
| AEMT training program fee paid   | <input type="checkbox"/> | <input type="checkbox"/> |

**Nor-Cal EMS Approval**

\_\_\_\_\_  
**Name/Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**