



**NORTHERN CALIFORNIA EMS, INC.**

930 Executive Way, Suite 150, Redding, CA 96002  
 Phone: (530) 229-3979 Fax: (530) 229-3984

**PARAMEDIC TRAINING PROGRAM APPLICATION**

<input type="checkbox"/> <b>INITIAL</b>	<input type="checkbox"/> <b>RENEWAL</b>
<input type="checkbox"/> <b>TRAINING PROGRAM</b>	<input type="checkbox"/> <b>REFRESHER TRAINING PROGRAM</b>

<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:
Program Medical Director:	
Program Director:	
Principal Instructor:	
Clinical Site(s):	
Initials	Attestation Statement
	<input type="checkbox"/> I verify that the Paramedic course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standard (DOT HS) 811 077A, January 2009
	<input type="checkbox"/> I verify that CPR training to the current American Heart Associations (AHAs) Cardiopulmonary Resuscitation for Basic Life Support is a prerequisite for admission into this paramedic program.
<input type="checkbox"/> Currently CAAHEP Accredited	<input type="checkbox"/> Not Currently CAAHEP Accredited
CAAHEP Accreditation Program # (if applicable):	CAAHEP Accreditation Expiration Date (if applicable):

I certify that all information in this application packet is true and correct, to the best of my knowledge and that I have read and understand the responsibilities and expectations of a Paramedic training program as outlined in CA Code of Regulations, Title 22, Division 9, Chapter 4. I understand that any falsification or omission of material facts may cause denial, suspension or withdrawal of paramedic training program approval. I also agree to notify Nor-Cal EMS of any change in information submitted in this application within ten (10) calendar days.

\_\_\_\_\_ Date: \_\_\_\_\_

## PARAMEDIC TRAINING PROGRAM APPLICATION CHECKLIST

REQUIRE ITEM	INITIAL	
Paramedic Training Program Application — completed and signed		
Copy of CoAEMSP LoR or current CAAHEP accreditation letter (as applicable)		
Copy of current BPPE approval (private post-secondary schools only)		
Outline of course objectives		
Performance objectives for each skill		
Medical Director form and resume		
Program Director form and resume		
Principal Instructor form and resume		
Course Location/Hours/Textbook Information form		
Clinical Internship and Field Internship Providers form		
Copies of written agreements with clinical internship providers		
Copies of clinical internship evaluation forms		
Copies of written agreements with field internship providers		
Copies of field internship evaluation forms		
Written description of the training facilities and equipment		
Written description of exam security		
Written description of student record keeping procedures and security		
Samples of written skills examination used for periodic testing		
Sample of final written examination		
Sample of course completion certificate		
Paramedic Training Program Approval Fee		
<b>Nor-Cal EMS Approval</b>		
Name/Title	Signature	Date