



NORTHERN CALIFORNIA EMS, INC.

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Paramedic Training Program Application

PARAMEDIC TRAINING PROGRAM DIRECTOR APPLICATION

TRAINING PROGRAM DIRECTOR QUALIFICATIONS AND DUTIES

Each training program shall have a program director who is either a California licensed physician, a registered nurse who has a baccalaureate degree, or a paramedic who has a baccalaureate degree, or an individual who holds a baccalaureate degree in a related health field or in education. The program director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education.

Duties of the program director shall include the following:

- Administration, organization and supervision of the educational program.
- In coordination with the program medical director, approve the principal instructor, teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.
- Ensure training program compliance with applicable laws/regulations.
- Sign all course completion records.
- Ensure field and hospital clinical preceptors are trained according to the curriculum specified in CCR, Title 22, Division 9, Chapter 4.

TRAINING PROGRAM DIRECTOR INFORMATION (ATTACH RESUME)

Training Program Name:

Program Director Name:

Street Address:

City:

State:

Zip:

Telephone:

Email:

Professional License Type:

Professional License #:

Expiration Date:

Teaching Credentials:

TRAINING PROGRAM DIRECTOR ATTESTATION

I hereby certify under penalty of perjury that all information listed on this form and attached resume is true and correct to the best of my knowledge and belief. I understand that any falsification or omission of material facts may cause denial, suspension, or withdrawal of paramedic training program approval.

Signature of Training Program Director

Date