



**NORTHERN CALIFORNIA EMS, INC.**

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

**PUBLIC SAFETY FIRST AID (PSFA) PROGRAM APPLICATION**

**INITIAL**       **RENEWAL**       **PROGRAM UPDATE**

Individual or Organization:			
Street Address:			
City:		State:	Zip:
Telephone:		Fax:	
Email		Website:	
Training Program Principal Instructor:			
Training Program Teaching Assistant(s):			
I verify that the training program meets or exceeds the Public Safety First Aid and CPR course content requirements listed in section 100017, of Chapter 1.5, of Division 9, of Title 22, of the California Code of Regulations. 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.			
_____ Principal Instructor Signature		_____ Date	
<b>NOR-CAL EMS USE ONLY</b>			
<b>APPLICATION RECEIVED</b>	<b>REVIEWED BY</b>	<b>APPROVAL DATE</b>	<b>RENEWAL DATE</b>

## PUBLIC SAFETY FIRST AID 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"/>
Detailed Course Outline	<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		
Sample of proposed course completion certificate or written verification of course completion	<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