

**NORTHERN CALIFORNIA EMS, INC.**

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

**EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM APPLICATION\***

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

☐ **EMT TRAINING PROGRAM**      ☐ **EMT REFRESHER TRAINING PROGRAM**

Indicate Type of Program Eligibility

- ☐ Accredited University/College (Junior and Community College or Private Postsecondary School)
- ☐ Medical Training Unit of a Branch of the Armed Forces or US Coast Guard
- ☐ Government Agency Including Public Safety Agency
- ☐ 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 Course Director:

Training Program Clinical Coordinator:

Training Program Course Principal Instructor(s):

Clinical Site(s):

\*Reference and comply with California Code of Regulations Title 22. Social Security Division 9. Prehospital Emergency Medical Services Chapter 2. Emergency Medical Technician

## EMT TRAINING PROGRAM COURSE CURRICULUM VERIFICATION

### EMT Training Program Required Course Hours:

The EMT course shall consist of no less than 170 hours, divided into:

- A minimum of 146 hours of didactic instruction and skills laboratory; and
- A minimum of 24 hours of supervised clinical experience. The clinical experience shall include a minimum of 10 documented patient contacts wherein a patient assessment and other EMT skills are performed and evaluated.
- High fidelity simulation, when available, may replace up to six (6) hours of supervised clinical experience and may replace up to three (3) documented patient contacts. The minimum hours shall not include the examinations for EMT certification.

The EMT Training Program will make provisions for a twenty-four (24) hour refresher course.

### EMT Training Program

I verify that the 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>

I verify that CPR training equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT basic course

### EMT Refresher Training Program

I verify that the Emergency Medical Technician Refresher course content is equivalent to the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996.  
<https://www.nhtsa.gov/people/initiatives/ems/pub/basicref.pdf>

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

The complete application must be bound (binder or classification folder). The items described below, must be itemized and listed with a page number in a Table of Contents. The application and all required materials must be submitted to and approved by Nor-Cal EMS at least 90 days prior to the proposed first day of instruction.

## COURSE APPLICATION CHECKLIST

	ENCLOSED	APPROVED
EMT Training Program Application — completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
Course Location and Proposed Dates Form	<input type="checkbox"/>	<input type="checkbox"/>
Training Program Course Director Application and resume	<input type="checkbox"/>	<input type="checkbox"/>
Training Program Clinical Coordinator Application and resume	<input type="checkbox"/>	<input type="checkbox"/>
Training Program Principal Instructor(s) Application(s) and resume(s)	<input type="checkbox"/>	<input type="checkbox"/>
Hospital/Ambulance Affiliation Form (clinical experience)	<input type="checkbox"/>	<input type="checkbox"/>
Copies of written agreements with hospital/ambulance clinical experience providers	<input type="checkbox"/>	<input type="checkbox"/>
Title of Required Textbook	<input type="checkbox"/>	<input type="checkbox"/>
Samples of written and skills examinations used for periodic testing (minimum of 3)	<input type="checkbox"/>	<input type="checkbox"/>
Final skills competency examination	<input type="checkbox"/>	<input type="checkbox"/>
Final written examination with answer key	<input type="checkbox"/>	<input type="checkbox"/>
Sample of proposed course completion certificate	<input type="checkbox"/>	<input type="checkbox"/>
Sample of Instructor and Course Evaluations (completed copies to be submitted to Nor-Cal EMS)	<input type="checkbox"/>	<input type="checkbox"/>
Provisions for EMT course completion by challenge, including a challenge examination (if different from the final examination)	<input type="checkbox"/>	<input type="checkbox"/>
Provisions for a twenty-four (24) hour refresher course required for recertification	<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"/>
EMT training program fee paid (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Nor-Cal EMS Approval		
_____	_____	_____
Name/Title	Signature	Date

