

SUBJECT: PARAMEDIC TRAINING PROGRAM REQUIREMENTS  
AND PROCEDURES FOR APPROVAL/REAPPROVAL

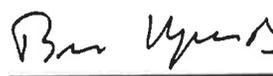
Date: 7/01/2010

- I. **Authority:** Health and Safety Code, Section 1797.208, Division 2.5.
- II. **Purpose:** To establish a mechanism for application and approval/reapproval of Paramedic training programs in San Diego County.
- III. **Policy:**
  - A. All Paramedic training programs must meet requirements as set forth in the California Code of Regulations, Title 22, Division 9, Chapter 4.
  - B. All Paramedic training programs must go through the process of licensing and accreditation through the Commission on Accreditation of Education Programs for the Emergency Medical Services Professions (CoAEMSP) and maintain such accreditation for reaccreditation in San Diego County.
  - C. All Paramedic training programs must have approval from the County of San Diego Emergency Medical Services (EMS) prior to the program being offered.
  - D. Program approval shall be for two years following the effective date of approval, and may be renewed every two years subject to the procedure for program approval.
  - E. All approved Paramedic training programs shall be subject to periodic review by EMS and may also be reviewed by the State of California EMS Authority. This review may involve periodic review of all program materials, and periodic on-site evaluations.
  - F. Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable

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Approved:

  
Administration

  
Medical Director

provision of Title 22, Division 9, Chapter 4 of the California Code of Regulations may result in suspension or revocation of program approval by EMS. An approved Paramedic training program shall have no more than 60 days from date of written notice to comply with the regulations.

**IV. Procedure:**

- A. To receive initial program approval, all requesting Paramedic training programs shall submit proof of accreditation and all materials requested on the "CHECK LIST: PARAMEDIC TRAINING PROGRAM APPLICATION" (see attached).
- B. Program approval or disapproval shall be made in writing by EMS to the requesting training program within a reasonable period of time after receipt of all required documentation. This period of time shall not exceed three months.
- C. EMS shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.

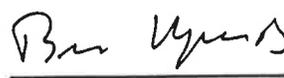
**IV. Program Renewal**

- A. Submit approval from CoAEMSP with letter of intent to continue to offer Paramedic training.
- B. Submit any changes in staff or training location.

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Materials to be Submitted	Check One		
	Enclosed	To Follow	For County Use Only
1. Documentation of eligibility for program approval. 100148(i)			
2. A statement verifying that the course content is equivalent to the U.S. Department of Transportation EMT-P National Standard Curriculum. 100153(b1)			
3. Letter to paramedic training approving authority requesting approval. 100153(a)			
4. Check list for paramedic program approval.			
5. Completed application form for program approval.			
6. Program Medical Director qualification form and job description. 100149(a)			
7. Program Course Director qualification form and job description. 100149(b)			
8. Program Principal Instructor(s) qualification form and job description. 100149(c)			
9. Teaching Assistant(s). 100149(d) Submit names and subjects assigned to each Teaching Assistant and job description.			
10. Field Preceptor(s). Submit names, qualifications and job description. 100149(e)			
11. Hospital Clinical Preceptor(s). Qualifications form and job description. 100149(f)			
12. Copy of written agreements with (one or more) hospital(s) to provide clinical experience. 100151(c)			
13. Provisions for supervised hospital clinical training including student evaluation criteria, and copy of standardized forms for evaluating EMT-P students and monitoring of preceptors by the training program. 100153(b5)			
14. Copy of written agreement with (one or more) paramedic service provider(s) to provide field experience. 100152(b)			

Materials to be Submitted	Check One		
	Enclosed	To Follow	For County Use Only
15. Provisions for supervised field internship including student evaluation criteria and copy of standardized forms for evaluating EMT-P students and monitoring of preceptors by the training program. 100153(b6)			
16. Course curriculum, including: A. Course outline B. Statement of course objectives C. At least 6 sample lesson plans D. Performance objectives for each skill E. At least 10 samples of written questions used in periodic testing F. Final skills exam			
17. Completed course content checklist			
18. Class schedules: Places and dates, estimate if necessary. 100153(b7)			
19. Copy of course completion record. 100161			
20. Copy of liability insurance on students.			
21. Copy of fee schedule.			
22. Description of how program provides adequate facilities, equipment, examination security and student record-keeping. 100152			

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES

APPLICATION FORM

EMT-P TRAINING PROGRAM

1. Name of Institution/Agency \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Extension \_\_\_\_\_

2. Personnel:

Program Medical Director \_\_\_\_\_

Course Director \_\_\_\_\_

Principal Instructor(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teaching Assistants

Name

Subjects Assigned

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Field Preceptors

Name : \_\_\_\_\_ Agency: \_\_\_\_\_

Paramedic License: \_\_\_\_\_ -Date of original licensure: \_\_\_\_\_

Preceptor class Y N (circle one)

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Name; \_\_\_\_\_ Agency: \_\_\_\_\_

Paramedic License: \_\_\_\_\_ -Date of original licensure: \_\_\_\_\_

Preceptor class Y N (circle one)

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Name; \_\_\_\_\_ Agency: \_\_\_\_\_

Paramedic License: \_\_\_\_\_ -Date of original licensure: \_\_\_\_\_

Preceptor class Y N (circle one)

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Name; \_\_\_\_\_ Agency: \_\_\_\_\_

Paramedic License: \_\_\_\_\_ -Date of original licensure: \_\_\_\_\_

Preceptor class Y N (circle one)

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Name; \_\_\_\_\_ Agency: \_\_\_\_\_

Paramedic License: \_\_\_\_\_ -Date of original licensure: \_\_\_\_\_

Preceptor class Y N (circle one)

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3. Course Hours:

Total: \_\_\_\_\_

Didactic and Skills Lab: \_\_\_\_\_

Hospital Clinical Training : \_\_\_\_\_

Field Internship: \_\_\_\_\_

4. Texts \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES  
EMT-P TEACHING QUALIFICATIONS

Check One:

- Program Director
- Principal Instructor
- Clinical Preceptor
- Field Preceptor
- Teaching Assistant

1. Name: \_\_\_\_\_

2. Occupation: \_\_\_\_\_

3. Professional or Academic Degrees Held:  
Number(s):

4. Professional License/Cert

a. \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

c. \_\_\_\_\_

5. California Teaching Credentials Held:

a. Type: \_\_\_\_\_

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

b. Type: \_\_\_\_\_

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

6. Emergency Care-Related Education within the last 5 years:

	<u>Course Title</u>	<u>School</u>	<u>Course</u>	<u>Length</u>	<u>Date Completed</u>
a.					
b.					
c.					

7. Emergency Care-Related Experience within the last 5 years:

	<u>Position</u>	<u>Duties</u>	<u>Organization</u>	<u>Dates</u>
a.				
b.				
c.				

Approvals:

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Course Director

\_\_\_\_\_  
Date