

**COUNTY OF SAN DIEGO EMS AGENCY  
APPLICATION FORM  
EMERGENCY MEDICAL TECHNICIAN  
TRAINING PROGRAM**

1. Training Program Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. **Personnel**

\* Program Director: \_\_\_\_\_  
\* Clinical Coordinator: \_\_\_\_\_  
\* Principal Instructor(s): \_\_\_\_\_  
\*\* Teaching Assistants: \_\_\_\_\_

3. **Course Hours (min. 170)**

	EMT Course	Refresher Course (min. 24 hrs.)
Didactic/Lab (min.146 hrs.):	(     )	(     )
Clinical (min.24 hrs.):	(     )	

4. Units of Credit: \_\_\_\_\_

5. Text to be used: \_\_\_\_\_

\* Provide qualifications on appropriate forms for each person(attached).  
\*\* Provide list of names and lecture subjects (use separate attached form if needed).

Materials to be Submitted	Check One		
	Enclosed	To Follow	For County Use Only
<ol style="list-style-type: none"> <li>1. Letter to EMT approving authority requesting approval. 100066 (a)</li> <li>2. Evidence of eligibility. 100065</li> <li>3. Table of contents listing the required information on this application, with corresponding sections. 100066 (b)(11)</li> <li>4. Check list for EMT program approval (this list).</li> <li>5. Statement verifying usage of the DOT's National EMS Education Standards. (DOT HS 811 077A, January 2009). 100075 (a)</li> <li>6. Statement verifying CPR training equivalent to the current AHA Healthcare Provider level is a prerequisite for admission to the EMT-B course. 100066 (b)(2)</li> <li>7. Program Director qualification form and job description. 100070 (b)(c)</li> <li>8. Program Clinical Coordinator qualification form and job description. 100070 (d)</li> <li>9. Program Principal Instructor(s) qualification form and job description. 100070 (e)</li> <li>10. Teaching Assistant(s) names and curriculum assisting with. 100070 (f)</li> <li>11. Clinical Experience. Submit copy of written agreement(s) with one or more general acute care hospital(s), <b>and/or</b>, one or more operational ambulance provider(s), <b>and/or</b> rescue vehicle provider(s). 100068</li> <li>12. Submit documents demonstrating use of Student Evaluation Criteria and copy of standardized forms for evaluating EMT students during supervised clinical training.</li> </ol>			

Materials to be Submitted	Check One		
	Enclosed	To Follow	For County Use Only
<p>13. Course content. 100075 (b)(c)(d)(e)(f), and 100067. Include the following:</p> <ul style="list-style-type: none"> <li>a. Course outline.</li> <li>b. Statement of course objectives.</li> <li>c. At least six (6) sample lesson plans, including 100075 (b)(c)(d)(e)(f).</li> <li>d. One month sample of Instructor/TA schedule of skills practice sessions, and anticipated instructor to student ratio.</li> <li>e. Performance objective of each skill.</li> <li>f. Minimum of six (6) samples of skills examinations used in periodic testing.</li> <li>g. Minimum of ten (10) samples of written questions used in periodic testing.</li> <li>h. Final examinations of both written and skills competency.</li> </ul> <p>14. Demonstrate provisions for Course Completion by Challenge, including final exams for both written and skills competency.</p> <p>15. Demonstrate provisions for a 24 hour Refresher Course.</p> <p>16. Class schedules, include dates and locations, for both, the EMT-B course and 24hr. Refresher course (estimate if necessary).</p> <p>17. Copies of course completion certificates for EMT-B, Refresher, and Course Completion by Challenge.</p> <p>18. Proof of liability insurance for students. CoSD Policy B-351 (II)(J)</p> <p>19. Completed list of required equipment (Page 5 of 5 of this application).</p>			

COUNTY OF SAN DIEGO EMS AGENCY  
REQUIRED QUALIFICATIONS FOR PROGRAM STAFF

**PROGRAM DIRECTOR**

**NAME:** \_\_\_\_\_

**§ 100070. Teaching Staff**

(b) Each EMT training program shall have an approved **program director** who shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.

**Teaching Methodology School and Course Name where 40 hrs. (or more) were earned:**

\_\_\_\_\_

**Teaching Methodology Course Length and Completion Date:**

\_\_\_\_\_

(c) Duties of the program director, in coordination with the program clinical coordinator, shall include but not be limited to:

- (1) Administering the training program.
- (2) Approving course content.
- (3) Approving all written examinations and the final skills examination.
- (4) Coordinating all clinical and field activities related to the course.
- (5) Approving the principal instructor(s) and teaching assistants.
- (6) Signing all course completion records.
- (7) Assuring that all aspects of the EMT training program are in compliance with this Chapter and other related laws.

(Please attach copies of Course Completion Certificates and Curriculum Vitae)

COUNTY OF SAN DIEGO EMS AGENCY  
REQUIRED QUALIFICATIONS FOR PROGRAM STAFF

**CLINICAL COORDINATOR**

**NAME:** \_\_\_\_\_

**§ 100070. Teaching Staff**

(d) Each training program shall have an approved program **clinical coordinator** who shall be either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years.

**Discipline and California License Number(s) with Expiration Date(s):**

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

**Two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years must be included in your Curriculum Vitae.**

(d)(cont'd) Duties of the program clinical coordinator shall include, but not be limited to:

- (1) Responsibility for the overall quality of medical content of the program;
- (2) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

COUNTY OF SAN DIEGO EMS AGENCY  
REQUIRED QUALIFICATIONS FOR PROGRAM STAFF

**PRINCIPAL INSTRUCTOR**

**NAME:** \_\_\_\_\_

**§ 100070. Teaching Staff**

(e) Each training program shall have a **principal instructor(s)**, who may also be the program clinical coordinator or program director, who shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction and shall meet the following qualifications:

- (1) Be a Physician, Registered Nurse, Physician Assistant, or Paramedic currently licensed in California; or,
- (2) Be an Advanced EMT or EMT who is currently certified in California.
- (3) Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.

**Teaching Methodology School and Course Name where 40 hrs. (or more) were earned:**

\_\_\_\_\_

**Teaching Methodology Course Length and Completion Date:**

\_\_\_\_\_

**Discipline and California License Number with Expiration Date:**

\_\_\_\_\_

**Two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years must be included in your Curriculum Vitae.**



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EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM

List of equipment available in sufficient quantities to meet 1:10 student ratios for skills training (100067).

Equipment	Exact Number Available
CPR mannequins, adult and infant	
Gloves of various sizes, pocket masks	
AED training equipment	
Nasal cannulas	
Non-rebreather masks	
Bag-Valve-Mask resuscitators	
Suction device	
Rigid and flexible suction catheters, tubing	
Oral and Nasal airways of various sizes	
Intubation mannequins	
Peri-laryngeal airways(Combitube/King airway)	
O2 cylinders	
O2 regulators	
Pulse oximetry devices	
Blood pressure cuffs and stethoscopes	
Extrication devices	
Backboards, straps, head immobilizers, cervical collars	
Traction Splints	
Tourniquets	
Various bandages, hemostatic dressings	
Various splinting devices	
Obstetrical mannequin and OBkits	
IV tubing and solution - Normal Saline	
Epinephrine auto-injector trainers	
Naloxone pre-load nasal spray syringe trainers	
Glucometers, test strips, finger stick devices	
Sharps disposal containers, per OSHA(1910-1030) / CCR(subchapter-7, Group-16, Article-109,subsection-5193 Blood-borne pathogens	
Examples of medications in current scope	
Cardiac monitor (optional)	