

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

1. Name of Institution Agency _____
Street _____
City _____
Contact Person _____
Telephone Number _____ Extension _____
2. Personnel:
*Program Director () _____
*Clinical Coordinator () _____
*Principal Instructor(s) () _____
** Teaching Assistants () _____
3. Course Hours:
- | | EMT Course | Refresher |
|------------------------------|------------|--------------------|
| Didactic/Lab (min. 136 hrs.) | () | () (min. 24 hrs.) |
| Clinical (min. 24 hrs.) | () (EMT) | () N/A |
4. Units of Credit: _____
5. Text: _____

* Provide qualifications on appropriate forms for each person.

** Provide list of names and lecture subjects.

Materials to be Submitted	Check One		
	Enclosed	To Follow	For County Use Only
<ol style="list-style-type: none"> 1. Letter to EMT approving authority requesting approval. 100066 (a) 2. Completed Application form for program approval. 3. Check list for EMT program approval. 4. Program Director qualification form and job description. 100070 (a) 5. Program Clinical Course qualification form and job description. 100070 (c) 6. Program Principal Instructor(s) qualification form and job description. 100070 (d) 7. Teaching Assistant(s). 100070 (e) 8. Hospital Clinical Experience. Submit copy of written agreement with one or more general acute care hospital. 100068 9. Submit documents demonstrating use of Student Evaluation Criteria, and copy of standardized forms for evaluating EMT students during supervised hospital clinical training. 10. Ambulance Clinical Experience. Submit copy of written agreement with one or more operational ambulance provider(s). 100068 11. Statement verifying usage of the United States Department of Transportation (DOT) National EMS Education Standards. (DOT HS 811 077A, January 2009). 12. Course Content. 100075 (b)(1)(2)(3)(4)(c) and 100067: <ol style="list-style-type: none"> a. Course outline b. Statement of course objectives c. At least six (6) sample lesson plans 			

Materials to be Submitted	Check One		
	Enclosed	To Follow	For County Use Only
d. Example of schedule of skills practice sessions e. Performance objective of each skill f. Minimum of ten (10) samples of skills examination used in periodic and final competency testing g. Minimum of ten (10) samples of written questions and at least six (6) samples of skills examination used in periodic testing h. Final examination (written and skills) 13. Class schedules: places and dates (estimate if necessary). a. EMT Course b. Refresher Course 14. Copy of Course Completion (Basic and Refresher). 100077 15. Copy of liability coverage for students. 16. Table of contents listing the required information on this application, with corresponding page numbers. 100066(b)(11) (b)(1)(2)(3)(4)(c) and 100067:			

COUNTY OF SAN DIEGO EMS AGENCY
EMT INSTRUCTOR QUALIFICATIONS

Institution: _____

Check One
Program Director _____
Clinical Coordinator _____
Principal Instructor _____
Teaching Assistant _____

1. Name: _____

2. Occupation: _____

3. Professional or Academic Degrees Held:

4. Professional License Number(s):

a. _____

a. _____

b. _____

b. _____

c. _____

c. _____

5. Emergency care related education within the last five (5) years:

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

6. Emergency care related experience (academic or clinical) within the last (5) years:

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

7. On the attached pages, initial to the left each subject this person is assigned to teach.

Approvals:

Program Director

Clinical Coordinator

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

Equipment	Number Available
CPR mannequins, adult and baby	
Airway management equipment 1. O2 cylinders 2. Flowmeter 3. O2 masks and nasal cannula 4. Airway Adjuncts 5. Suction equipment 6. Rigid and flexible suction catheters 7. Pocket mask 8. Bag-valve-mask resuscitator 9. Oral and nasal airways of various sizes 10. Perilaryngeal Airway (PAA) 11. Endotracheal tube 12. Pulse Oximetry	
Traction Splint	
Extrication device	
Backboard, head immobilizer cervical collars	
Obstetrical mannequin and OB kit	
Tourniquets	
Various bandages and splints	
1V tubing and solution -Normal Saline	
Cardiac monitor (optional)	
Blood pressure cuffs and stethoscopes	
Intubation mannequins	
AED equipment for training	
Examples of medications in current scope	