



YEMSA
Yolo County Emergency Medical Services Agency
137 N Cottonwood St
Woodland, CA 95695 – (530) 666-8645

PARAMEDIC TRAINING PROGRAM
APPLICATION PACKET FOR COURSE APPROVAL



Yolo County Emergency Medical Services Agency
Training Programs

Date: February 1, 2020

APPLICATION & PROGRAM ELIGIBILITY TYPE

<input type="checkbox"/> Initial	<input type="checkbox"/> Paramedic Training Program
<input type="checkbox"/> Renewal	<input type="checkbox"/> Critical Care Paramedic (CCP) Training Program
<input type="checkbox"/> Accredited University/College (Junior and Community College or Private Postsecondary School) <input type="checkbox"/> Medical training units of the United States Armed Forces or Coast Guard <input type="checkbox"/> Licensed General Acute Care Hospital <input type="checkbox"/> Government Agency	

PROGRAM & PERSONNEL INFORMATION

Training Program Name:

Street Address:

City: State: Zip Code:

Telephone Number: Website:

Course Dates (attached additional letter if necessary):

Program Medical Director:

Program Director:

Principal Instructor:

Textbook Name & Version:

PARAMEDIC TRAINING PROGRAM COURSE CURRICULUM ATTESTATION

Initials	Attestation Statement (mark as applicable)
	<input type="checkbox"/> Paramedic Training Program: I verify that the course content meets the requirements contained in the U.S. DOT National Education Standards (DOT HS 811 077E January 2009) <input type="checkbox"/> CCP Training Program: I verify that the CCP course content meets the requirements contained in CCR, Title 22, Division 9, Chapter 4, § 100155(c)

CAAHEP ACCREDITATION STATUS

<input type="checkbox"/> Currently CAAHEP Accredited	<input type="checkbox"/> Not Currently CAAHEP Accredited
CAAHEP Accreditation Program # (if applicable):	
CAAHEP Accreditation Expiration Date (if applicable):	



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PARAMEDIC TRAINING PROGRAM APPLICATION CHECKLIST

Required Item

- Paramedic Training Program Application – completed and signed
- Copy of a CoAEMSP LoR or current CAAHEP accreditation letter (as applicable)
- Copy of current BPPE approval (private post-secondary schools only)
- Outline of course objectives, lesson plan and syllabi
- Performance objectives for each skill
- Program Medical Director Form and Resume
- Program Director Form and Resume
- Principal Instructor Form and Resume
- Copies of Written Agreements with Clinical Internship Providers
- Copies of Clinical Internship Evaluation Forms
- Copies of Written Agreements with Field Internship Providers
- Copies of Field Internship Evaluation Forms
- Written description of the Training facilities and equipment
- Written description of exam security
- Written description of student record keeping procedures and security
- Samples of written and skills examinations used for periodic testing
- Samples of a final written examination
- Sample of course completion certificate

APPLICATION COMPLETION/SUBMISSION ATTESTATION

I hereby certify under penalty of perjury that all information listed on this application and attached documents is true and correct to the best of my knowledge and belief. I understand that any falsification or omission of material facts may cause denial, suspension or withdrawal of Paramedic or CCP Training Program approval.

Name	Signature	Date



Yolo County Emergency Medical Services Agency

Training Programs

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TRAINING PROGRAM MEDICAL DIRECTOR QUALIFICATIONS & DUTIES

- Each Training Program shall have a Program Medical Director who is a Physician currently licensed in the State of California, has experience in emergency medicine, and has education or experience in methods of instruction. Duties of the Program Medical Director shall include the following:
 - Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.
 - Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
 - Approval of hospital clinical and field internship experience provisions.
 - Approval of the Principal Instructor.

TRAINING PROGRAM MEDICAL DIRECTOR INFORMATION (ATTACH RESUME)

Training Program Name:

Training Program Medical Director Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email:

Professional License Type:

License #:

License Expiration Date:

TRAINING PROGRAM MEDICAL DIRECTOR ATTESTATION & SIGNATURE

I hereby certify under penalty of perjury that all information listed on this form and attached resume is true and correct to the best of my knowledge and belief. I understand that any falsification or omission of material facts may cause denial, suspension or withdrawal of Paramedic or CCP Training Program approval.

Name	Signature	Date



Yolo County Emergency Medical Services Agency

Training Programs

Date: February 1, 2020

TRAINING PROGRAM DIRECTOR QUALIFICATIONS & DUTIES

- Each Training Program shall have a Program Director who is either a California licensed Physician, a Registered Nurse (RN) who has a baccalaureate degree, or a Paramedic who has a baccalaureate degree, or an individual who holds a baccalaureate degree in a related health field or in education. The Program Director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position, and have a minimum of three (3) years academic or clinical experience in prehospital care education.
- Duties of the Program Director shall include the following:
 - Administration, organization and supervision of the educational program.
 - In coordination with the Program Medical Director, approve the Principal Instructor, Teaching Assistants, Field and Hospital Clinical Preceptors, Clinical and Internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.
 - Ensure Training Program compliance with applicable laws/regulations.
 - Sign all course completion records.
 - Ensure Field and Hospital Clinical Preceptors are trained according to the curriculum specified in YEMSA Policy.

TRAINING PROGRAM DIRECTOR INFORMATION (ATTACH RESUME)

Training Program Name:

Training Program Director Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email:

Professional License Type:

License #:

License Expiration Date:

TRAINING PROGRAM DIRECTOR ATTESTATION & SIGNATURE

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Name

Signature

Date



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TRAINING PROGRAM PRINCIPAL INSTRUCTOR QUALIFICATIONS & DUTIES

- Each Paramedic Training Program shall have a Principal Instructor, who is responsible for areas including, but not limited to, curriculum development, course coordination and instruction, and who shall meet the following criteria:
 - Be a Physician, RN, Physician Assistant (PA), or Paramedic, currently licensed in the State of California.
 - Be knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards (DOT HS 811 077E).
 - Have six years (6) of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree.
 - Be qualified by education and experience with at least at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.
 - The Principal Instructor may also be the Program Medical Director or Program Director.

TRAINING PROGRAM PRINCIPAL INSTRUCTOR INFORMATION (ATTACH RESUME)

Training Program Name:

Principal Instructor Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email:

Professional License Type:

License #:

License Expiration Date:

TRAINING PROGRAM PRINCIPAL INSTRUCTOR ATTESTATION & SIGNATURE

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Name

Signature

Date