



San Joaquin County

Emergency Medical Services Agency



PARAMEDIC TRAINING PROGRAM APPLICATION

Form 2800A

Type of Application ☐ Initial ☐ Renewal

Level of Program ☐ Paramedic Training ☐ Critical Care Paramedic (CCP) Training

Name of Training Program _____

Mailing Address _____

City _____ State _____ Zip Code _____

Physical Address _____

City _____ State _____ Zip Code _____

Website Address _____

Primary Contact _____

Telephone Number _____

Email Address _____

Location of Course(s) _____

Frequency of Course(s) _____

Course Dates (attach additional paper is necessary) _____

Program Medical Director _____

Program Director _____

Principal _____

Instructor _____

Textbook Name, & Version _____

Textbook Publisher _____

Program Eligibility Type

- ☐ Accredited university or college, junior/community college, school district.
- ☐ US armed forces medical training unit.
- ☐ General acute care hospital holding a special permit to operate basic or comprehensive emergency medical service.

- ☐ Private post-secondary school approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
- ☐ Government Agency: _____
- ☐ Other: _____

CAAHEP Accreditation Status

- ☐ Not Currently CAAHEP Accredited – Provide CoAEMSP Letter of Review (LoR)
- ☐ Currently CAAHEP Accredited

CAAHEP Accreditation Program # _____

CAAHEP Accreditation Expiration Date _____

Attestation Statements

Paramedic Training Program

I verify that the course content of this paramedic training program meets the requirements contained in the:

- Initials _____
1. US DOT National Education Standards (DOT HS 811 077E January 2009);
 2. California Health and Safety Code, Division 2.5; and,
 3. California Code of Regulations, Title 22, Division 9, Chapter 4.

CCP Training Program:

- Initials _____ I verify that the course content of the CCP program course content complies with the requirements contained in the:
1. California Code of Regulations, Title 22, Division 9, Chapter 4.

Application

I hereby certify under penalty of perjury that all information listed on this application and attached documents are true and correct to the best of my knowledge and belief. I certify that I have read, understood and shall comply with the requirements of California Code of Regulations, Title 22, Division 9, Chapter 4. I understand that any falsification or omission of material facts may cause denial, suspension or withdrawal of paramedic or CCP training program approval.

Printed Name _____

Signature _____

Date _____

Required Attachments:

1. Copy of CoAEMSP LoR or current CAAHEP accreditation letter (as applicable).
2. Copy of current BPPE approval (Private Post-Secondary Schools only).
3. Program Medical Director Form, Resume or CV, and credentials. Form 2800B.
4. Program Directors Form, Resume or CV, and credentials. Form 2800C.
5. Principal Instructor Form, Resume or CV, and credentials. Form 2800D.
6. Copies of written agreements with licensed general acute care hospital(s), which holds a permit to operate a basic or comprehensive emergency medical service for providing supervised clinical experience, to provide supervised hospital clinical training to include requirements of CCR.
 - a. Policy and provisions for supervised hospital clinical training, including student evaluation criteria and standardized forms for evaluation paramedic students; and monitoring of preceptors by the training program.
 - b. Copies of clinical training evaluation forms.
7. Copies of written agreements or contracts with a paramedic service provider(s) to provide field internship services to students that include requirements of CCR.
 - a. Policy and provisions for supervised field internship including evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
 - b. Copies of field internship evaluation forms.
8. Outline of course with objectives.
9. Performance objectives for each skill.
10. Evidence of adequate training facilities, equipment, and exam security.
 - a. Written description of exam security.
11. Policy or written description of student record keeping procedures and security.
12. Samples of written and skills examinations used for periodic testing.
13. Samples of final written examination.
14. Sample of course completion certificate.
15. The provisions and policy to provide all their paramedic training program applicants prior to the applicants' enrollment in the paramedic training program:
 - a. The date the paramedic training program must submit their CAAHEP Request for Accreditation Services (RAS) form and ISSR or the date their application for accreditation renewal was sent to CoAEMSP; or,
 - b. The date the paramedic training program must be initially accredited or the date its accreditation must be renewed by CAAHEP.