



APPROVAL PACKET

for

Emergency Medical Technician (EMT) Training Program

and

NREMT - EMT Transition Course



Emergency Medical Technician (EMT) Training Program

and

NREMT - EMT Transition Course

Approval Packet

California regulations require ICEMA to review prospective training programs to assure compliance with State regulations prior to approving the eligible institution's training program. Only approved training programs may offer the training listed below. The purpose of this document is to define the application requirements for Emergency Medical Technician (EMT) Training Program and the National Registry of Emergency Medical Technicians (NREMT) - EMT Transition Course approval.

REQUIREMENTS FOR EMT TRAINING PROGRAM APPROVAL:

The eligibility and program requirements for Emergency Medical Training Programs are listed in California Code of Regulations, Title 22, Social Security, Division 9, Prehospital Emergency Medical Services, Chapter 2, Emergency Medical Technician, Article 3, Sections 100065 - 100078 and referenced in the attached application and checklist.

Complete and submit ICEMA EMT Training Program approval forms and checklist for EMT Training Program Approval.

REQUIREMENTS FOR EMS CONTINUING EDUCATION APPROVAL:

Approved EMT training programs shall also receive approval as a continuing education (CE) provider effective the same date as the EMT training program approval. The CE program expiration date shall be the same expiration date as the EMT training program. The CE provider shall comply with all the requirements contained in Code of Regulations, Title 22, Chapter 11, Division 9, Chapter 11, Sections 100390 - 100395.

REQUIREMENTS FOR NREMT - EMT TRANSITION COURSE:

Only ICEMA approved EMT Training Programs will be approved to provide the NREMT - EMT Transition Courses.

Complete and submit ICEMA Transition Course approval forms and checklist for NREMT Transition Course.

EMT TRAINING PROGRAM

I. PROCEDURES

- A. Complete and submit the following to ICEMA:
- Application for EMT Training Program Approval
 - Applicable Fees (See ICEMA Fee Schedule)
 - Checklist for EMT Training Program Approval
 - Hospital/Ambulance Affiliation Information Form
- B. The following should be retained by the Training Institution:
- Certification Exam, i.e., passing grade
 - Attendance requirements, etc.
 - Certification Exam Eligibility, Clinical Time Verification Form
- C. Submit to ICEMA after completion of each course:
- The ICEMA approved Training Course Record must be submitted within 15 days of course completion, typed or printed, and alphabetized.
- D. Submit to ICEMA by July 15 each year:
- Summary of Training Program Student Completion

NREMT - EMT BASIC TRANSITION COURSE

An individual wishing to maintain National Registry of Emergency Medical Technicians (NREMT) certification must successfully complete a NREMT transition course. Only ICEMA approved training programs, meeting the requirements below, will be approved to provide the transition courses.

- The NREMT transition course shall only be taught by ICEMA approved training programs.
- ICEMA approved training programs wishing to teach the transition classes must submit an application and curriculum that is consistent with the “gap content” identified in the National Association of State EMS Officials’ “National EMS Education Standards Transition Template”. Gap content can be accessed at the following web address at:
<http://www.nasemso.org/EMSEducationImplementationPlanning/documents/EMT-BasictoEMTJune2011.pdf>.
- ICEMA approved training programs providing the NREMT transition course shall ensure that students complete the ICS-100, ICS-700, and HAZMAT First Responder Awareness level training, or the equivalent to these courses, either as prerequisites or co-requisites to the transition course.
- Transition courses should be a minimum of 24 hours.
- ICEMA approved training programs providing transition courses must issue a tamper proof certificate of completion that includes within its title:
 - NREMT-Basic’s name
 - Transition course completion date
 - The certificate must contain the following statement: “*has completed a State approved EMT-Basic to Emergency Medical Technician (EMT) transition course*”
 - Signature of the individual responsible for the training

The following timeframes are allowed by the NREMT for completing the transition:

NREMT-Basic expires:	Complete EMT Transition by:
March 31, 2011	March 31, 2015
March 31, 2012	March 31, 2016

I. PROCEDURES

- A. Complete and submit the ICEMA Transition Course approval forms and checklist for NREMT Transition Course.
- B. Submit to ICEMA after completion of each course:
 - The ICEMA approved Training Course Record must be submitted within 15 days of course completion, typed or printed, and alphabetized.
- C. Submit to ICEMA by July 15 each year:
 - Summary of Training Program Student Completion

Application for EMT Training Program Approval

New
 Renewal
 Update
 Transition Course

Program Name _____

Mailing Address _____ **City** _____ **ST** _____ **ZIP** _____

Training Site(s) Address _____ **City** _____ **ST** _____ **ZIP** _____

Phone _____ **FAX** _____

Website _____ **Email** _____

Course Director _____ **Title** _____

Email _____

License Number _____ **Type** _____

Include evidence of 40 hours in teaching methodology or equivalent per COR Title 22, Division 9, Chapter 11, §100395 (g)

Clinical Coordinator _____ **Title** _____

Email _____

License Number _____ **Type** _____

Principal Instructor _____ **Title** _____

Email _____

License Number _____ **Type** _____

Teaching Assistant _____ **Title** _____

Email _____

License Number _____ **Type** _____

Teaching Assistant _____ **Title** _____

Email _____

License Number _____ **Type** _____

Attach copies of current resumes, CVs, licenses and qualifications for all personnel.

Attach Hospital and EMS Service Provider Contracts for clinical and field training.

<p>Provider type (check one)</p> <p><input type="checkbox"/> Branch of the Armed Forces</p> <p><input type="checkbox"/> College or University</p> <p><input type="checkbox"/> Licensed acute care hospital</p> <p><input type="checkbox"/> Public safety agency</p> <p><input type="checkbox"/> Private post-secondary school</p> <p><input type="checkbox"/> School district / ROP</p> <p><input type="checkbox"/> Other: Specify _____</p>	<p>Type of Training Offered (Check all that apply)</p> <p><input type="checkbox"/> First Responder (for high school students)</p> <p><input type="checkbox"/> EMT Basic / Initial Training</p> <p><input type="checkbox"/> AEMT Basic / Initial Training</p> <p><input type="checkbox"/> NREMT Transition Course</p> <p><input type="checkbox"/> EMT Refresher Course</p> <p><input type="checkbox"/> EMT Challenge Examination</p> <p><input type="checkbox"/> Continuing Education (CE) classes</p> <p><input type="checkbox"/> Other (CPR etc.) _____</p>
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I certify that all information is accurate, to the best of my knowledge, and that I have read and understand the program responsibilities and expectations as outlined in CA Code of Regulations, Title 22, Division 9, Chapter 2 (Emergency Medical Technician), and Chapter 11 (EMS Continuing Education).

Signed, Course Director

Date

(ICEMA Use Only)

Date Application Received	Approval Date	Expiration Date	Receipt # / Date Paid

CHECKLIST FOR EMT TRAINING PROGRAM APPROVAL

Materials to Submit for Program Approval		Page No.	Check Completed
1.	Table of Contents and checklist listing required information with corresponding page numbers (this form)		<input type="checkbox"/>
2.	Application form for EMT training program approval		<input type="checkbox"/>
3.	Statement of eligibility for training program approval		<input type="checkbox"/>
4.	Written request to ICEMA for EMT training program approval		<input type="checkbox"/>
5.	Statement verifying course content is equivalent to the US DOT National Emergency Medical Services Education Standards Emergency Medical Technician Instructional Guidelines (DOT HS 811 077A, January 2009)		<input type="checkbox"/>
6.	Statement verifying CPR training equivalent to the current American Heart Association Guidelines at the Healthcare Provider level		<input type="checkbox"/>
7.	Samples of written and skills examinations used for periodic testing		<input type="checkbox"/>
8.	Final skills competency examination		<input type="checkbox"/>
9.	Final written examination		<input type="checkbox"/>
10.	Name and qualifications of the course/program director, program clinical coordinator, and principal instructor(s)		<input type="checkbox"/>
11.	Evidence the course/program director has completed 40 hours in teaching methodology or equivalent per COR Title 22, Division 9, Chapter 11, §100395 (g)		<input type="checkbox"/>
12.	Provisions for course completion by challenge, including a challenge examination (if different from final examination)		<input type="checkbox"/>
13.	Provisions for a 24 hour refresher or Continuing Education course		<input type="checkbox"/>
14.	Statement verifying usage of the US DOT EMT - Basic Refresher National Standard Curriculum (DOT HS 808 624, September 1996)		<input type="checkbox"/>
15.	Location where courses are to be offered and the proposed dates		<input type="checkbox"/>
16.	Application fees		<input type="checkbox"/>
17.	Copy of written agreement with 1 or more acute care hospital(s) to provide clinical experience		<input type="checkbox"/>
18.	Copy of written agreement with 1 or more operational ambulance provider(s) to provide field experience		<input type="checkbox"/>

CHECKLIST FOR NREMT - EMT TRANSITION COURSE

Materials to Submit for Course Approval		Page No.	Check Completed
1.	Letter to ICEMA requesting program approval		<input type="checkbox"/>
2.	Course curriculum that is consistent with the “gap content” identified in the National Association of State EMS Officials’ “National EMS Education Standards Transition Template”		<input type="checkbox"/>
3.	A statement verifying that students will complete ICS-100, ICS-700, and HAZMAT First Responder Awareness level training, or the equivalent to these courses, either as prerequisites or co-requisites to the transition course		<input type="checkbox"/>
4.	A statement stating the duration of the course (may be included in Item 2 above)		<input type="checkbox"/>
5.	A sample certificate of completion showing required items		<input type="checkbox"/>

ICEMA STAFF USE ONLY

Comments: _____

EMT TRAINING PROGRAM

STUDENT PERFORMANCE DOCUMENTATION

CLINICAL TIME VERIFICATION

Clinical Internship/Hospital

TO BE COMPLETED BY CLINICAL EVALUATOR:

Student Name: _____

Hospital Name: _____

Date: _____ Time In: _____ Time Out: _____

INITIAL APPROPRIATE BOX	Above Satisfactory	Satisfactory	Unsatisfactory
Appearance			
Dependability			
Initiative/Cooperation			
Knowledge of Required Skills			
Follows Directions			
Attitude and Courtesy Towards Patients and Staff			
Safety Precautions			
Appropriate Use of Tools and Equipment			

***Any rating marked "Unsatisfactory" must be explained in the comment section below.**

COMMENTS: _____

Signature of Evaluator

Signature of Student

**THIS FORM IS TO BE KEPT ON FILE AT THE TRAINING INSTITUTION AND
MUST BE SUBMITTED TO ICEMA UPON REQUEST**

EMT TRAINING PROGRAM

STUDENT PERFORMANCE DOCUMENTATION

CLINICAL TIME VERIFICATION/CLINICAL SKILLS SHEET/HOSPITAL

MANDATORY SKILLS: The following skills must be performed during each clinical rotation for successful completion of clinical internship. Record with evaluators initials after completion.

BLOOD PRESSURE			
Adult	1	2	3
Child	1	2	
PULSE			
Radial	1	2	3
Carotid	1	2	
Dorsal Pedal	1	2	
Posterior Tibial	1	2	
Apical	1	2	
RESPIRATIONS			
Adult	1	2	3
Child	1	2	
LUNG SOUNDS	1	2	
TEMPERATURE			
Oral	1	2	
Axillary	1	2	
Rectal	1	2	
PUPIL RESPONSE	1	2	3

DESIRABLE SKILLS: The following skills are desirable experiences. Record evaluators initials in appropriate box.

	PERFORMED	OBSERVED	NOT DONE
Application of Oxygen Mask/Nasal Cannula			
Suctioning			
Ventilation of Patient With BVM			
Perform CPR			
Clean and Dress Wound			
Control Bleeding			
Total Body Check			
Obtain Patient History			
Burn Treatment			
Assist With Trauma Patient			
Assist With Violent Patient			
Moving Patients			

EMT TRAINING PROGRAM
HOSPITAL/AMBULANCE AFFILIATION INFORMATION
(ATTACH SIGNED AGREEMENT)

Name(s) of general acute care hospital(s) providing supervised in-hospital clinical experience for the EMT student.

Name: _____
Address: _____
County: _____
Liaison: _____
Title: _____ Phone: _____
Email: _____

Name: _____
Address: _____
County: _____
Liaison: _____
Title: _____ Phone: _____
Email: _____

Name(s) of ambulance provider agencies providing supervised instruction on an operational ambulance for the EMT student:

Level of Service

Name: _____ ALS BLS
Address: _____
County: _____
Liaison: _____
Title: _____ Phone: _____
Email: _____

Name: _____ ALS BLS
Address: _____
County: _____
Liaison: _____
Title: _____ Phone: _____
Email: _____

EMT TRAINING PROGRAM NOTIFICATION OF PROPOSED COURSE

PROVIDER NAME: _____

Address: _____

Location of Instruction: _____

County: _____

Address (if different): _____

INSTRUCTOR NAME: _____ Phone: _____

Email: _____

COURSES SCHEDULED:

Basic Fee \$ _____

Refresher Fee \$ _____

Written & Skills Fee \$ _____

Challenge Fee \$ _____

Course Starting Date

Course Completion Date

Date of Written Certifying Exam

Date of Skills Certifying Exam:

Submitted by: _____

Name (Course Director)

Signature

Date

NOTE: This notification should be submitted to ICEMA not less than 30 days before the start of the course. The Course Director, Clinical Coordinator, Principal Instructor and Teaching Assistant Information must either be on file at ICEMA or attached to this form prior to the start of the course. All instructors must be approved by ICEMA prior to the start of any course.



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

Training and Continuing Education Student Recap

Training Program Name _____ **CE Provider No** _____

Mailing Address _____ **City** _____ **ST** _____ **ZIP** _____

Training Site(s) Address _____ **City** _____ **ST** _____ **ZIP** _____

Course Director _____

Reporting Year (July 1 – June 30) _____ **to** _____

The following report must be submitted to ICEMA by all Training Courses and Continuing Education providers by July 15 each year whether or not any courses or CEs were provided.

Program Level (total number of students completing training reporting year)

Emergency Medical Response (EMR)

New _____
 Renewal _____
 Update _____

Emergency Medical Technician – Paramedic (EMT-P)

New _____
 Renewal _____
 Update _____
 NREMT Transition _____

Emergency Medical Technician (EMT)

New _____
 Renewal _____
 Update _____
 NREMT Transition _____

Mobile Intensive Care Nurse (MICN)

New _____
 Renewal _____
 Update _____

Advanced Emergency Medical Technician (AEMT)

New _____
 Renewal _____
 Update _____

Continuing Education

All CE Courses (not included above) _____