

## **POLICY #170: EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM APPROVAL**

### **I. PURPOSE**

- A. To establish criteria as defined by Title 22 of the California Code of Regulations (CCR), for the approval of emergency medical technician (EMT) training programs in the County of San Luis Obispo (SLO).

### **II. POLICY**

- A. Eligibility for EMT training program approval is limited to:
  - 1. Accredited universities and colleges including junior and community colleges.
  - 2. School Districts.
  - 3. Private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
  - 4. Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.
  - 5. Licensed general acute care hospitals holding a special permit to operate a basic or comprehensive emergency medical service and provide continuing education to other health care professionals.
  - 6. Agencies of government including public safety agencies.
  - 7. Local Emergency Medical Services Agencies.
- B. All prospective EMT training programs must apply to and allow ninety (90) days to receive approval from the County of SLO EMS Agency (EMS Agency) prior to offering any EMT initial or refresher courses, including modular refresher courses or continuing education formats.
- C. Program approval is valid for four (4) years ending on the last day of the month in which it was issued.
- D. The training program must reapply to the EMS Agency ninety (90) days prior to program expiration date for re-approval once every four (4) years.
- E. An applicant for EMT training program approval or re-approval, whose check returns for insufficient funds, may result in denial, probation, suspension, or revocation of the training program approval by the EMS Agency as outlined in EMS Agency policy # 101: Fee Collection.
- F. Program approval or disapproval will be made in writing by the EMS Agency to the training program within ninety (90) days after receipt of all required documentation.

- G. All programs and program materials are subject to periodic review and/or on-site evaluations by the EMS Agency and/or the State EMS Authority.
- H. Approved EMT training programs will notify the EMS Agency of all course offerings at least thirty (30) days before the starting date of any course.
- I. Approved EMT training program staff will notify the EMS Agency, in writing, within thirty (30) days of any change in:
  - 1. Course content and objectives.
  - 2. Hours of instruction.
  - 3. Program director.
  - 4. Program clinical coordinator.
  - 5. Principal instructor(s).
  - 6. Address.
  - 7. Phone number.
  - 8. Contact person.
- J. All personnel change notices must include the name, contact information, and qualifications of the replacement personnel.
- K. Training programs will supply the EMS Agency with the completion date, names and addresses of all students who successfully complete any EMT initial, refresher, continuing education training program or challenge process within fifteen (15) calendar days of course completion.
- L. The program director will ensure that the program maintains compliance with applicable EMS Agency policies, the California Code of Regulations (CCR), and training program policies.
- M. The program director will notify the EMS Agency of compliance when changes occur in either state regulations or local policies. Notification must occur within thirty (30) days of the effective date of the regulations.
- N. The EMS Agency may suspend or revoke program approval for non-compliance with any required criteria, by following CCR processes.
- O. The EMS Agency will notify the program director, in writing, of any deficiency. The notice will include an opportunity to comply within a specified length of time.
- P. Failure to correct deficiencies and/or to otherwise respond to the EMS Agency notice will be considered cause for the EMS Agency to:
  - 1. Place the program on a probationary status with conditions for improvement.
  - 2. Deny, suspend, or revoke program approval.

### III. PROCEDURE

- A. All current and prospective EMT programs wishing to obtain approval or re-approval must submit an application to the EMS Agency, at least ninety (90) days prior to the anticipated first day of class or expiration date, along with the following items:
1. Current application fee.
  2. A statement verifying usage of the U. S. Department of Transportation (DOT) National Emergency Medical Services Education Standards (DOT HS 811 077A, January 2009).
  3. A statement verifying CPR training equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT basic course.
  4. Samples of written and skills examinations used for periodic testing.
  5. Details of a final skills competency examination.
  6. A copy of the final written examination.
  7. The name and qualifications of the program director, program clinical coordinator, and principal instructor(s).
  8. Provisions for clinical experience training for EMT students, including performance objectives and written agreements with clinical sites.
  9. Provisions for course completion by challenge, including a challenge examination, if different from the final examination.
  10. Provisions for a twenty-four (24) hour refresher course including items 2-7 above, required for recertification. Also include a statement verifying usage of the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996.
  11. The location at which the courses are to be offered and their proposed dates.
  12. A copy of the course completion certificate.
  13. The procedure for informing students of state regulations, the EMS Agency's policies, and certification process for all categories of students.
  14. A table of contents listing the required information with corresponding page numbers.
- B. Program Review
1. EMS Agency staff will review required information and documentation for completeness.
  2. A program review committee may be established by the EMS Agency and will be comprised of EMS Agency staff and representatives from local EMS providers.

3. EMS Agency staff and/or the review committee may schedule an on-site visit with the program director to review facilities, documentation, and teaching materials.
4. A program review form will be completed, indicating the program's compliance with EMS Agency policies and CCR.
5. A copy of the review form will be provided to the program director with any noted deficiencies giving adequate time for corrections to be made.
6. Additional reviews and/or on-site visits may be conducted to confirm that deficiencies have been corrected.
7. Once the program review process has been completed, the EMS Agency will provide the training program with a written notification of their decision.

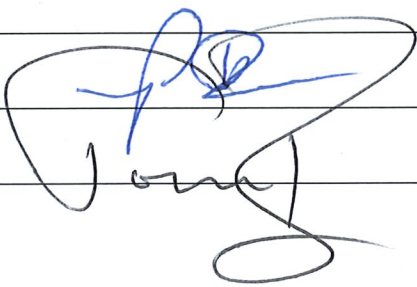
IV. AUTHORITY

- Title 22, California Code of Regulations, Division 9, Chapter 2, Article 3, 100065 - 100078.
- California Health and Safety Code, Division 2.5, Chapter 4, Article 1, 1797.208 and 1797.213.

V. ATTACHMENTS

- A. EMT Training Program Application

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

County of San Luis Obispo Public Health Department  
 Division: Emergency Medical Services Agency

Policy 170 Attachment A  
 Effective Date: 06/01/2023

## EMT TRAINING PROGRAM APPLICATION

<b>PROGRAM INFORMATION</b>					
Training Program Name:					
Mailing Address:			Physical Address (if different than mailing):		
City:	State:	Zip:	City:	State:	Zip:
<input type="checkbox"/> This is a change of address			<input type="checkbox"/> This is a change of address		
Contact Name:			Contact Title:		
Contact Number:			Contact Email:		

<b>EMT TRAINING PROGRAM STAFF</b>	
(If needing more space, please use a separate sheet of paper)	
Program Director:	
Program Clinical Coordinator:	
Principal Instructor:	
Principal Instructor:	
Principal Instructor:	
Principal Instructor:	

<b><i>I certify that all information contained herein is true and correct, to the best of my knowledge. I will follow all CCRs that apply to the training program. Within 30 days, I will resubmit any information as it changes or becomes outdated.</i></b>	
Signature of Representative:	Date:

---

**Policy #: 170 Attachment A**


---

<b>Include all items listed below:</b>
--

<input type="checkbox"/> Current application fee.
<input type="checkbox"/> A statement verifying usage of the U. S. Department of Transportation (DOT) National Emergency Medical Services Education Standards (DOT HS 811 077A, January 2009).
<input type="checkbox"/> A statement verifying CPR training equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT basic course.
<input type="checkbox"/> Samples of written and skills examinations used for periodic testing.
<input type="checkbox"/> Details of a final skills competency examination.
<input type="checkbox"/> A copy of the final written examination.
<input type="checkbox"/> The name and qualifications of the program director, program clinical coordinator, and principal instructor(s).
<input type="checkbox"/> Provisions for clinical experience training for EMT students, including performance objectives and written agreements with clinical sites.
<input type="checkbox"/> Provisions for course completion by challenge, including a challenge examination, if different from the final examination.
<input type="checkbox"/> Provisions for a twenty-four (24) hour refresher course including additional course documentation per CCR, required for recertification. Also include a statement verifying usage of the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996.
<input type="checkbox"/> The location at which the courses are to be offered and their proposed dates.
<input type="checkbox"/> A copy of the course completion certificate.
<input type="checkbox"/> The procedure for informing students of state regulations, the EMS Agency's policies, and certification process for all categories of students.
<input type="checkbox"/> A table of contents listing the required information with corresponding page numbers.

Please send completed packet to PH\_EMSA@co.slo.ca.us -or- 2995 McMillan Ave, Ste 178, SLO, CA, 93401.  
Call (805)788-2519 to make an appointment for office visits.