



APPLICATION FOR PARAMEDIC TRAINING PROGRAM

NAME OF TRAINING INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: (____) _____ EXT: _____ FAX #: (____) _____

CONTACT PERSON: _____

PHONE #: _____ EMAIL ADDRESS: _____

MEDICAL DIRECTOR: _____ COURSE DIRECTOR: _____

PRINCIPAL INSTRUCTOR(S): _____ TEACHING ASSISTANT(S): _____

PROGRAM INFORMATION	BASIC	REFRESHER	CHALLENGE
Didactic Hours			
Skill Hours			
Clinical Hours			
Field Internship Hours			
Final Exam Hours			
UNITS OF CREDIT	BASIC	REFRESHER	CHALLENGE
Semester			
Quarter			
Independent Course			
GENERAL INFORMATION	BASIC	REFRESHER	CHALLENGE
Receive ADA Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Course Frequency			
Course Fee			
Student Eligibility			

Student Materials/Text: _____

I certify that all information contained in this application packet is correct and that I will adhere to the California Code of Regulations, Title 22, and all applicable Napa County EMS Agency pre-hospital care policies.

Signature of Course Director: _____ Date: _____



PARAMEDIC TRAINING PROGRAM MEDICAL DIRECTOR

NAME: _____ PROFESSIONAL TITLE: _____

TRAINING PROGRAM: _____ PHONE #: _____

Section 100149 of the California Code of Regulations, Title 22 outlines the qualifications for the **Medical Director** of a paramedic training program as follows:

- 1) Be a physician currently licensed in California.
- 2) Be qualified by either education or experience in methods of instruction.
- 3) Have a minimum of two (2) years academic or clinical experience in prehospital care education within the last five (5) years.

Describe how you meet these requirements and attach a current curriculum vitae, state license/certification, teaching certification and any other certifications that are pertinent.

Professional and/or Academic degree(s)		
Education or experience in methods of instruction (attach copies)		
Professional Licenses and/or Certifications (attach copies)		
Type of License/Certification	License Number	Expiration Date
Related work experience		
Agency/Organization	Position	Dates

Signature of Medical Director: _____ Date: _____



PARAMEDIC TRAINING PROGRAM COURSE DIRECTOR

NAME: _____ PROFESSIONAL TITLE: _____

TRAINING PROGRAM: _____ PHONE #: _____

Section 100149 of the California Code of Regulations, Title 22 outlines the qualifications for the **Course Director** of a paramedic training program as follows:

- 1) Be a physician currently licensed in California, registered nurse or a paramedic with a baccalaureate degree.
- 2) Be qualified by either education or experience in methods of instruction.
- 3) Have a minimum of three (3) years academic or clinical experience in prehospital care education within the last five (5) years.
- 4) Have a minimum of one (1) year experience in an administrative or management level position

Describe how you meet these requirements and attach a current curriculum vitae, state license/certification, teaching certification and any other certifications that are pertinent.

Professional and/or Academic degree(s)		
Education or experience in methods of instruction (attach copies)		
Professional Licenses and/or Certifications (attach copies)		
Type of License/Certification	License Number	Expiration Date
Related work experience		
Agency/Organization	Position	Dates

Signature of Course Director: _____ Date: _____



PARAMEDIC TRAINING PROGRAM PRINCIPAL INSTRUCTOR

NAME: _____ PROFESSIONAL TITLE: _____

TRAINING PROGRAM: _____ PHONE #: _____

Section 100149 of the California Code of Regulations, Title 22 outlines the qualifications for the **Principal Instructor** of a paramedic training program as follows:

- 1) Be a physician, registered nurse, physician assistant, or paramedic currently licensed in California.
- 2) Be knowledgeable in the course content of the U.S. DOT National Emergency Medical Services standards DOT HS 811077A, January 2009.
- 3) Have six (6) years experience in an allied health field or related technology and an associate degree or two (2) years experience in an allied health field or related technology and a baccalaureate degree.
- 4) Have at least forty (40) hours of instruction in teaching methodology.

Describe how you meet these requirements and attach a current curriculum vitae, state license/certification, teaching certification and any other certifications that are pertinent.

Professional and/or Academic degree(s)		
Education or experience in methods of instruction (attach copies)		
Professional Licenses and/or Certifications (attach copies)		
Type of License/Certification	License Number	Expiration Date
Related work experience		
Agency/Organization	Position	Dates

Signature of Principal Instructor: _____ Date: _____



PARAMEDIC TRAINING PROGRAM TEACHING ASSISTANT

NAME: _____ PROFESSIONAL TITLE: _____

TRAINING PROGRAM: _____ PHONE #: _____

Section 100149 of the California Code of Regulations, Title 22 outlines the qualifications for the **Teaching Assistant** of a paramedic training program as follows:

Qualified by training and experience to assist with teaching of the course and supervised by a principal instructor, course director and/or program medical director.

Describe how you meet these requirements and attach a current curriculum vitae, state license/certification, teaching certification and any other certifications that are pertinent.

Professional and/or Academic degree(s)		
Education or experience in methods of instruction (attach copies)		
Professional licenses and/or certifications (attach copies)		
Type of License/Certification	License Number	Expiration Date
Related work experience		
Agency/Organization	Position	Dates

Signature of Teaching Assistant: _____ Date: _____