



STATE OF FLORIDA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES

APPLICATION FOR APPROVAL OF AN
EMERGENCY MEDICAL SERVICES (EMS) TRAINING PROGRAM
(Application must be typed or printed)

Select only one: EMT _____ Paramedic _____

Part I:

Name of Institution: _____

Address of Institution: _____

Name of Chief Executive Officer: _____

Primary Instructional Location: _____

Name of Program Director: _____

Telephone Number of Program Director: (_____) _____ FAX (_____) _____

Email: _____ @ _____ Institution's Website (if applicable): _____

For Non-Public Schools: Attach a copy of the current license issued by the Florida Department of Education, Commission for Independent Education to offer the program and evidence of compliance with any other applicable requirements. **Attach as Attachment 1.**

Part II:

1. **Affiliations** - for the purpose of conducting hospital and field clinical training:

a. Name of hospital(s) and other facilities: _____

b. Paramedic program's name of Advanced Life Support EMS Providers: (Must have at least one agreement with a licensed primary 911 response and transport agency) _____

c. EMT program's name of Basic Life Support Providers: _____

d. Attach a current written agreement or contract for each hospital and EMS provider agency used for the clinical training of your students. **Attach as Attachment 2.**

2. **Program of Study:**

- a. Attach a comprehensive list or skill sheets of psychomotor skills required to complete the Training Program. **Attach as Attachment 3.**
- b. Contact hours of each program component:
Didactic _____ Clinical Internship _____
Field Internship _____ Skills Practice Laboratory _____
Other areas _____ Contact Hours of Entire Training Program: _____
- c. Specify all pre-requisites or co-requisites to the program. **Attach as Attachment 4.**
- d. Specify how you familiarize the students with Chapter 401, Florida Statutes, (F.S.) and Chapter 64J-1, Florida Administrative Code (F.A.C.). **Attach as Attachment 5.**
- e. List each course and the number of hours for each course. **Attach as Attachment 6.**
- f. Clearly define phase one of the paramedic program. **(Paramedic Programs Only) Attach as Attachment 7.**
- g. Submit documentation verifying that the curriculum includes each of the following:
 - 1. Two hours of instruction on the trauma scorecard methodologies for assessment of adult trauma patients and pediatric trauma patients as required by section 401.2701, Florida Statutes.
 - 2. Sudden Unexpected Infant Death (SUID) training as required by section 383.3362(3)(a)(b), Florida Statutes.
 - 3. A comprehensive final written and practical examination evaluating the skills described in the most current US DOT National Education Standards. (Do not send the actual written exam.) **Attach as Attachment 8.**
- h. Specify the student-to-instructor ratio for the skills practice laboratory component of the program _____/_____
- i. Attach a copy of the course syllabus or course outline that is used for the Training Program that will document all areas of Part II, Section 2, of this application. **Attach as Attachment 9.**

3. **Faculty:**

1. **Medical Director:**

- a. Name: _____
- b. Address: _____

- c. Florida Physician License #: _____ Date Issued: _____
- d. Provide documentation that the Training Program's Medical Director has current certifications as required by Rule 64J-1.004, Florida Administrative Code. **Attach as Attachment 10.**
- e. Attach a copy of a current contract between the Training Program and the program's Medical Director, as required by Rule 64J-1.004, Florida Administrative Code. **Attach as Attachment 11.**
- f. Have the Medical Director clearly state how he/she certifies that graduates have successfully completed all phases of the education program and are proficient in basic or advanced life support techniques as applicable and required by section 401.2701, Florida Statutes. **Attach as Attachment 12.**
- g. Have the Medical Director clearly state how he/she participates in the mid-term evaluation and the final practical examination of students as required by Rule 64J-1.004, Florida Administrative Code. **Attach as Attachment 13.**

2. Instructional Staff:

- a. Name of Program Coordinator: _____
- b. Name of Lead Instructor (also known as Primary Instructor): _____

- c. Name(s) of Adjunct Faculty: _____

- d. Attach a description of the institution's qualification requirements for the position and the duties and responsibilities of the Program Director, Program Coordinator, and Lead Instructor(s). **Attach as Attachment 14.**
- e. Submit a CV or resume for the Program Director, Program Coordinator, Lead Instructor(s), and Adjunct Faculty demonstrating they meet the qualifications of Rule 64J-1.0201, Florida Administrative Code. **Attach as Attachment 15.**

4. Records:

Attach a list of documents retained in a student's record as required by section 401.2701, Florida Statutes. **Attach as Attachment 16.**

- These records will be reviewed during the site visit.

5. Program Policies:

- a. Attach a copy of the Training Program’s admission requirements, student handbook, and any printed advertisement(s) referencing the EMT and/or Paramedic Training Program. **Attach as Attachment 17.**
- b. Specify the institution’s definition of course completion. **Attach as Attachment 18.**
- c. Attach a copy of the certificate of completion that is issued to the graduate that includes the course hours and date of completion. **Attach as Attachment 19.**
- d. Attach a description of the institution’s student uniform policy during class, lab, clinical, and field internship that clearly identifies them as a student to the public. **Attach as Attachment 20.**

6. Training Program Locations:

- a. Specify all physical locations of instructions: **Attach as Attachment 21.**
- b. Submit an inventory of the Training Program’s medical equipment and supplies. (If more than one instructional location, attach an inventory list for each location). **Attach as Attachment 22.**

7. Required Emergency Medical Technician and Paramedic Training Program Equipment and Supplies:

AIRWAY

- Oral pharyngeal airways (Adult, Child, & Infant)
- Nasal pharyngeal airways..... (Adult, Child, & Infant)
- Bag valve mask (Adult, Child, & Infant)
- Pocket mask with one-way valve (Adult)

SUCTION

- Portable suction unit (Battery Powered & Manual)
- Connecting tubing.....
- Soft tip suction catheters (Sizes 6 - 18 French)
- Rigid suction tip
- Bulb syringe.....

Oxygen (O²) and Supplies

- O² tank with wrench.....
- Regulator with high flow port
- Bite sticks
- High concentration mask (Adult, Child, & Infant)
- Simple face mask (Adult, Child, & Infant)
- Nasal cannulas (Adult, Child, & Infant)
- O² tubing
- Nebulizer

DIAGNOSTIC EQUIPMENT

- Blood pressure cuffs.....
- (Thigh, Large Adult, Adult, Child, Infant)
- Stethoscopes..... (Adult & Pediatric)

- Teaching stethoscopes
- Thermometer
- Penlights

INFECTION CONTROL

- Gloves (latex, non-latex & powder free) (All Sizes)
- Disinfectant
- Biohazard trash bags
- Sharps container**
- Personal protective equipment.....

PHARMACEUTICALS

- Insta glucose.....
- Epi Pen trainer
- Activated charcoal.....
- Placebo inhalers
- Nitroglycerin..... (May be simulated)

MEDICAL TRAINING EQUIPMENT

- AED trainer with pads** (Adult & Child)
- CPR manikins (Adult, Child & Infant)
- Airway manikins** (Adult, Child & Infant)
- Childbirth manikins**
- Full body basic life support manikins... (Adult & Child)
- Moulage kit **

IMMOBILIZATION AND EXTRICATION

- Non-wood long spine board with straps (Adult & Pediatric)
- Short board..... (Adult & Pediatric)
- Vest style immobilization device with straps
- C-collars (Adult Child & Pediatric)
- Head immobilizers (Adult & Pediatric)
- Basket stretcher**
- Scoop stretcher**
- Car seat** (Child & Infant)
- Flexible stretcher**
- Patient restraints.....

SPLINTS

- Traction splints (2 out of the 3) (Adult & Pediatric)
- Vacuum (Assorted sizes)
- Air(Assorted sizes)
- Padded board splints..... (Assorted sizes)

PATIENT TRANSPORT EQUIPMENT

- Stretcher with straps (must be capable of multi-level positioning).....
- Stair chair with straps

BANDAGES AND DRESSINGS

- Elastic bandage.....
- Roller gauze
- Non-sterile or sterile sponges
- Abdominal pads.....
- Multi trauma dressing
- Non-adherent dressing
- Petroleum gauze
- Triangular bandages.....
- Eye pads
- Band-Aids.....
- Tape (Assorted sizes)
- Cold packs.....
- Burn sheets(May be simulated)
- OB kits.....
- Tongue depressors.....

MISCELLANEOUS

- Trauma shears
- Ring cutter with extra blades
- Emergency/Survival blanket
- Jump bag
- Helmets (Open & Full face)
- Football Helmet and Shoulder Pads**

PARAMEDIC TRAINING PROGRAM EQUIPMENT AND SUPPLIES.

(In addition to equipment and supplies required for EMT Training Programs...)

AIRWAY

- Esophageal intubation detector (2 out of 3)
- Colorimetric CO2 detector (Adult & Pediatric)
- Bulb type intubation detector (Adult)
- Syringe type intubation detector (Adult)
- Endotracheal tubes (Sizes 2.5 - 8)
- Naso-gastric tubes (Assorted sizes)
- Commercial manufactured tube holder..... (Adult & Pediatric)
- Laryngoscope handles with batteries (Adult & Pediatric)
- Laryngoscope with Macintosh and Miller blades (Complete set of each).....
- Replacement laryngoscope light bulbs
- Stylettes (Assorted sizes)
- Lighted stylettes (Adult)
- Cricothyrotomy kit**
- Pneumothorax kit**
- Superglottic airways

OXYGEN AND SUPPLIES

- CPAP with Circuits and Mask ** (Adult)
- Automatic Ventilator with Circuits Mask and Peep Valve** (Adult & Pediatric)

DIAGNOSTIC EQUIPMENT

- Glucometer with lancets and test strips

CARDIOLOGY SUPPLIES

- Cardiac monitor capable of defibrillation with cables ..
- Cardiac monitor capable of defibrillation, 12 lead EKG, pacing, and wave form end title carbon dioxide detector capable of printing
- Battery support system with spare batteries
- EKG paper
- Rhythm generator capable of generating 3 or 4 lead displays
- Rhythm generator capable of generating 12 lead rhythms.....

IV AND PHARMACEUTICALS SUPPLIES

- IV catheters..... (Sizes 22 – 14 gauges)
- Butterfly needles (Assorted Sizes)
- Blood collection tubes
- Vacutainer device with luer adapter
- Syringes.....(Sizes 3-20cc)
- Hypodermic needles (Sizes 25-18 gauge)
- Intraosseous Needles
- Practice medication ampoules, vials, and pre-measured syringes
- Macro drips IV sets
- Micro drips IV sets.....
- IV extension sets.....
- 3 way stop cocks.....

Buretrol solution set.....
 IV fluids
 IV start kits.....

ADVANCED LIFE SUPPORT

PHARMACOLOGICAL DRUGS

(May be commercially packaged or simulated)
 Atropine Vasopressin
 Dextrose Procinamide
 Furosemide Adenosine
 Magnesium Digoxin
 Nalaxone Verapamil
 Sodium Bicarb Cardizem
 Epi 1:10000 Morphine Sulfate
 Epi 1:1000 Nitroglycerin
 Lidocaine Aspirin
 Amiodarone Lidocaine drip

Dopamine Dopamine drip

MEDICAL TRAINING EQUIPMENT

IV trainer (Adult)
 Cricothyrotomy manikins** (Adult)
 Intraosseous trainer** (Pediatric)
 IM and Sub-Q injection trainer** (Adult & Pediatric)
 Pneumothorax trainer** (Adult)
 Full body advanced life support manikins**
 (Adult, Child, & Infant)
 Consumable parts for all trainers**
 (Adult, Child, & Infant)

MISCELLANEOUS ITEMS

Triage tags
 Two-way communication radios or walkie-talkie
 Length-Base resuscitation device.....

****Items marked with a double asterisk are not required to be present at all sites during active classes. The program must demonstrate that these items are available from other sites within the program or by written contract with another agency.**

8. Additional Information or Comments: Attach as Attachment 23.

Part III:

Important Information for the Applicant:

1. The applicant must complete all departmental requirements, to include a site visit, within 120 days of receipt of this application by the Department or this application will no longer be accepted (or considered valid). The institution has the right to reapply.
2. Once this application is deemed accepted by the Department, a site visit will be scheduled. The site visit will consist of a records review and collection of documents that substantiate that the program complies with the US DOT National Education Standard, all applicable Florida Statutes, and all applicable Florida Administrative Code rules.
3. Any changes to Part I or Part II, Section 1 of this application, require submission of a new application and approval. Any changes to Part II, Section 2 of this application require written notification to the Department within 30 days of the change.
4. Application and onsite evaluation must be completed for each location in which instruction occurs.
5. All components of the US DOT National Education Standards will be evaluated during the on-site-visit.

6. Certification Statement

We, the undersigned representatives of the sponsoring institution described herein, do hereby confirm that our institution meets all the standards for an EMS Training Program as provided in Chapter 401, F.S., and Chapter 64J-1, F.A.C. We further understand that any discrepancies found will subject the institution to corrective action and possibly being denied approval.

Program Director's Signature Date

Name of Person Completing Application

Title

Submit this completed application form with all requested attachments to:

ATTN: State EMS Education Coordinator
Emergency Medical Services
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722