



STATE OF FLORIDA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES

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

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 _____

E-mail: _____@_____ 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 primary 911 response and transport agency) _____

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- c. EMT Programs Name of Basic Life Support Providers: _____

- d. Attach a current written agreement or contract for each hospital and advanced life support EMS provider 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 Section 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, which governs emergency medical services in Florida.
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. 2 hours of instruction on the trauma scorecard methodologies for assessment of adult trauma patients and pediatric trauma patients as specified by the Department rule and required by Section 401.2701, Florida Statutes.
 2. SUID training as required by Section 383.3362(1) & (3), Florida Statutes.
 3. A comprehensive final written and practical examination evaluating the skills described in the most current Department of Transportation, 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. Board certification or eligibility in: _____
- e. Provide documentation that the Training Program's Medical Director has current certifications as required by Chapter 64J-1.004, Florida Administrative Code.
Attach as Attachment 10.
- f. Attach a copy of a current contract between the Training Program and the program's Medical Director, as required by Chapter 64J-1.004, Florida Administrative Code.
Attach as Attachment 11.
- g. 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.**
- h. 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 Chapter 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 qualification of their positions and the requirements of Chapter 64J-1.0201, Florida Administrative Code. **Attach as Attachment 15.**

4. Records:

- a. 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 for students during class, lab, clinical, and field internship that clearly identifies the 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.
If more than one instructional location, attach an inventory list for each location. **Attach as Attachment 22.**

7. Additional information or Comments: Attach additional sheets 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 Codes.**
- 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 United States Department of Transportation National Education Standards will be evaluated during the on-site-visit.**
- 6. Definitions:**
 - a. Program Director** - The Program Director is the individual responsible for course planning, organization, operation, administration, periodic review, program evaluation, continued development, effectiveness, and approval of the program. The program should have a full-time Program Director while instruction is in progress, whose primary responsibility is to the educational program. The Program Director shall contribute an adequate amount of time to assure the success of the program. The Program Director shall actively solicit and require the cooperative involvement of the Medical Director. The Program Director shall have appropriate training and experience to fulfill the role. The Program Director shall have at least equivalent academic training and preparation and hold all credentials for which the students are being prepared.

The Program Director shall have training and education in education, evaluation, and be knowledgeable in administration of education and related legislative issues related to EMS Training Programs. The Program Director shall assume ultimate responsibility for the administration of the didactic, clinical, and field internship phases of the program. It is the Program Director's responsibility to monitor all phases of the program and assure that they are appropriate and successful.

- b. Program Coordinator** - The Program Coordinator is the individual responsible for coordinating and conducting the EMS Training Programs. The Program Coordinator shall have at least equivalent academic training and preparation and hold all credentials for which the students are being prepared. The Program Coordinator acts as the liaison between the students, the Institution, the local medical community, and the state-level certifying agency. In addition, is responsible for assuring that the course goals and objectives set forth by the certifying agency are met. The Program Coordinator may also serve as the Primary/Lead Instructor.
- c. Lead Instructor** - This individual is responsible for the teaching of a specific lesson(s) of the EMT or Paramedic course. The Lead Instructor shall have at least equivalent academic training and preparation and hold all credentials for which the students are being prepared. This individual shall be knowledgeable in all aspects of prehospital emergency care, in the techniques and methods of adult education, and managing resources and personnel. This individual shall be present at most, if not all, class sessions to assure program continuity and to be able to identify that the students have the cognitive, affective, and psychomotor skills necessary to function as an Emergency Medical Technician or Paramedic.
- d. Adjunct Faculty** - Adjunct Faculty shall have at least equivalent academic training and preparation and hold all credentials for which the students are being prepared.
- e. Medical Director** - A licensed physician meeting the applicable requirements for emergency medical services Medical Directors as outlined in Chapter 401, Florida Statutes and rules of the Department. The EMS Training Program's Medical Director should be a local physician with emergency medical experience who will act as the ultimate medical authority regarding course content, procedures, and protocols. The EMS Training Program's Medical Director can assist in recruiting physicians to present materials in class, settling questions of medical protocol and acting as a liaison between the course and the medical community. The Medical Director will be responsible for reviewing the quality of care rendered by the students in the clinical and field

setting. This EMS Training Program's Medical Director will be responsible for verifying student's competence in the cognitive, affective, and psychomotor domains. The EMS Training Program's Medical Director may also serve as the Primary Instructor. Medical direction is an essential component of out-of-hospital training. Medical Director involvement shall be in place for all aspects of EMS education. The EMS Training Program's Medical Director shall review all course content material and examinations. The Medical Director shall periodically observe lectures and practical laboratories, field and clinical internships. The Medical Director shall participate in clinical instruction, student counseling, psychomotor and oral testing, and summative evaluation.

- f. **Course Completion-** The Medical Director and Program Director shall not issue course completion certificates to students until the Medical Director and Program Director can verify through documentation of completion of terminal competencies and all educational requirements. Documentation of completion of course competencies shall be affixed to the student file with signatures of the Medical Director and Program Director at the completion of the course.

7. Certification Statement:

We, the undersigned representatives of the sponsoring institution described herein, do hereby certify that our institution meets all the standards for an EMS Training Program as provided in Chapter 401, F.S. We further understand that any discrepancies found will subject the institution to corrective action and possibly being denied approval. Under penalties of perjury, I declare that I have read the forgoing and that the facts stated in it are true.

Program Director's Signature

Date

Name of Person Completing Application

Title

Submit this completed application form with all requested attachments to:

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