



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

**APPLICATION FOR INITIAL APPROVAL OF AN EMERGENCY
MEDICAL SERVICES (EMS) TRAINING PROGRAM**

(Type or print - illegible applications will not be processed)

- Select only one: EMT Paramedic
 Select only one: Public Non-Public (Private)

Permissible attachment omissions:

Public EMT EMS Training Programs may omit attachment 1 and attachment 6.

Non-Public EMT EMS Training Programs may omit attachment 6.

Public paramedic EMS Training Programs may omit attachment 1.

Non-Public paramedic EMS Training Programs may not omit any attachments.

PART I:

Name of EMS Training Program: _____

Address of EMS Training Program: _____

Name of Chief Executive Officer: _____

Primary Training Location: _____

Name of Program Director (PD): _____

Telephone Number of PD: _____

Email of PD: _____

Program Website (if applicable): _____

- 1. Attachment 1 (Non-Public EMS Training Programs):** Provide a current license issued by the Florida Department of Education, Commission for Independent Education.

PART II:

- 1. Hospital/Facility Affiliations:** required to conduct clinical training

Hospital/Facility	Address

2. **EMS Provider Affiliation(s)** Paramedic programs must maintain at least one (1) agreement with a licensed advanced life support (ALS) primary 911 response and transport provider; EMT programs must maintain at least one (1) agreement with a licensed basic life support (BLS) primary 911 response and transport provider .

EMS Provider	License Number

Attachment 2: Provide the current written agreement or contract for all hospitals and EMS providers affiliated with the training program. Training programs that are also licensed ALS EMS providers with permitted transport vehicles are not required to submit affiliation agreements with other EMS providers.

3. **Program of Study**

- a. **Attachment 3:** Provide a comprehensive list and skill sheets of psychomotor skills required to complete the EMS training class.
- b. Contact hours of each class component:

Didactic:	Skills Practice Lab:
Clinical Internship:	Other:
Field Internship:	Total Contact Hours:

- c. Specify below all pre-requisites or co-requisites to the program, if any:

- | | |
|--|--|
| <input type="checkbox"/> At least 18 Years of Age | <input type="checkbox"/> General Biology (BSC1005) |
| <input type="checkbox"/> Physical Fitness Test | <input type="checkbox"/> General Biology Lab (BSC1005L) |
| <input type="checkbox"/> Mental Fitness Test | <input type="checkbox"/> General Biology (BSC1010) |
| <input type="checkbox"/> Field Experience - If so, please include the years/months of filed experience required prior to entry into the program: | <input type="checkbox"/> Human Biology (BSC1020) |
| _____ | <input type="checkbox"/> Human Anatomy and Physiology (BSC1084) |
| <input type="checkbox"/> Drug Screen | <input type="checkbox"/> Human Anatomy and Physiology Lab (BSC1084L) |
| <input type="checkbox"/> Level II Background Check | <input type="checkbox"/> Anatomy and Physiology I (BSC2085) |
| <input type="checkbox"/> Postsecondary Education Readiness Test (P.E.R.T.) | <input type="checkbox"/> Anatomy and Physiology I Lab (BSC2085L) |
| _____ Minmum Writing Score | <input type="checkbox"/> Anatomy and Physiology II (BSC2086) |
| _____ Minmum Math Score | |
| _____ Minmum Reading Score | |

- Anatomy and Physiology II Lab (BSC2086L)
 - Anatomy and Physiology I (BSC2093)
 - Anatomy and Physiology II (BSC2094)
 - Basic Chemistry Concepts and Applications 1 (CHM1030)
 - Basic Chemistry Concepts and Applications 2 (CHM1031)
 - General Chemistry (CHM1032 or 1033)
 - General Chemistry I (CHM2045)
 - General Chemistry I Lab (CHM2045L)
 - Developmental English (ENC1001)
 - Developmental English (ENC1010)
 - Developmental English II (ENC1012)
 - Developmental English (ENC1030)
 - College Algebra (MAC1105)
 - Other: Please Specify _____
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- Must take if minimum P.E.R.T. score not met:
- Arithmetic with Pre-Algebra (MAT0012)
 - Pre-algebra (MAT0018)
 - Elementary Algebra (MAT0024)
 - Intermediate Algebra (MAT1033)
 - Developmental Reading I (REA0007)
 - Developmental Reading II (REA0017)
 - College Reading (REA1105)
 - College Preparatory Writing (ENC0001 or 0015)
 - Other: Please Specify _____
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- d. **Attachment 4:** Provide documentation that explains how you familiarize the students with Chapter 401, F.S., and Rule 64J-1, F.A.C.
- e. **Attachment 5:** Provide a list of core course for each EMS training class and the number of hours for each course.
- f. **Attachment 6:** Paramedic training program applicants must provide documentation that clearly describes what course content students must complete for phase one of the paramedic EMS training class.
- g. **Attachment 7:** Provide documentation to demonstrate that the curriculum includes each of the following:
 - i. Two hours of instruction on the trauma scorecard methodologies for assessment of adult trauma patients and pediatric trauma patients.
 - ii. Sudden Unexpected Infant Death (SUID) training as required by section 383.3362(3)(a)(b), F. S.
- h. The training program's maximum student-to-instructor ratio for the skills practice laboratory component is ____ : 1.
- i. **Attachment 8:** Provide a copy of each course syllabus or outline that documents all areas of Part II, Section 3, of this Application.

4. Faculty

a. **Medical Director**

Name:
Address:
Florida Physician License Number:
Date of Expiration:

- i. **Attachment 9:** Provide copies of the Medical Director's valid certifications.
- ii. **Attachment 10:** Provide a copy of the contract between the program and the Medical Director.

- iii. **Attachment 11:** Provide a Medical Director’s statement explaining how they certify that graduates have successfully completed all phases of the education program and are proficient in basic or advanced life support techniques, as applicable.
- iv. **Attachment 12:** Provide a Medical Director’s statement explaining how they participate in the mid-term evaluation and the final practical examination of students.
- v. **Attachment 13:** Provide a Medical Director’s statement explaining how they review the performance of training centers and instructors for which they are the medical director.
- vi. **Attachment 14:** Provide a Medical Director’s statement explaining how they conduct quality assurance assessments and audits to assure quality education and compliance with educational standards and curriculum.

b. Instructional Staff

Name of EMS Training Class Coordinators:	Certification Number of Class Coordinator

EMS Course Instructors

Name of Course Instructor	Certification Number of Course Instructor	Provide the name(s) and course numbers where the instructor provides training. (Must align with Attachment 6)

- i. **Attachment 15:** Provide a description of the qualification requirements for the position and the duties and responsibilities of the Program Director, Class Coordinator, and Course Instructor(s).
- ii. **Attachment 16:** Provide documentation demonstrating that the Program Director, Class Coordinator, and Course Instructor(s) meet the qualifications of Rule 64J-1.0201, F.A.C.

5. Records

- a. **Attachment 17:** Provide a list of documents retained in each student’s record.

6. Program Policies

- a. **Attachment 18:** Provide a copy of the admission requirements, student handbook, printed advertisement(s) and screen captures of web pages referencing the program.
- b. **Attachment 19:** Describe how the program defines course completion.
- c. **Attachment 20:** Provide an example of the certificate of completion that is to be issued to graduates that includes the course hours, school code, and date of completion.
- d. **Attachment 21:** Provide a description of the policy for student uniforms worn during class, labs, clinicals, and field internships together with an example of the insignia, design, or wording that clearly identifies them to the public as EMS Training Program students.

7. Training Class Locations

- a. **Attachment 22:** Provide a list of all street addresses where any instruction is provided or offered by the EMS training program.
- b. Paramedic programs must also provide documentation, within **Attachment 22**, that all locations have received approval from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) on the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), or a letter of review from CoAEMSP.

8. EMT and Paramedic Training Program Equipment and Supplies

- a. **Attachment 23:** Provide a list of medical equipment and supplies for each location listed in Attachment 22 that have been mandated by the program's medical director to be on hand during training.
- b. **Attachment 24:** Provide an inventory for each location listed in Attachment 22 of the medical equipment and supplies used during training as approved by the program's medical director.

9. Additional Information or Comments (optional)

- a. Additional information or comments may be submitted as **Attachment 25**.

PART III

Important Information for the Applicant

1. 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.
2. Any changes to the information provided in, or in support of, this application must be submitted to the department not less than 30 days before the effective date of the change and be approved by the department in writing.
3. A site visit may be completed for each location at which training is offered at the discretion of the department.
4. All components of the United States Department of Transportation National EMS Education Standards will be evaluated during the site visit.

Certification Statement

We, the undersigned representatives of the EMS Training Program applicant, do hereby confirm that the program meets the requirements for an EMS Training Program as provided in Chapter 401, F.S., and Rule 64J-1, F.A.C. We further understand that any discrepancies from the requirements will subject the program to corrective action, up to and including denial of this Application.

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
Florida Department of Health
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22
Tallahassee, FL 32399-1722

Questions about this application can be directed to:

Bureau of Emergency Medical Oversight, EMS Section
Email: EMS@flhealth.gov
Phone: (850) 245-4440