Date:

September 14, 2017

To:

CE Providers Interested in teaching the revised OC EMT Local

Accreditation Class

From:

Vicki Sweet, MSN, RN - ALS/CQI Coordinator

Subject:

Revised 2017 Course Curriculum

First, the name of the course has changed. The new name is <u>Local EMT Ambulance</u>

<u>Driver/Attendant License Course Curriculum</u>. This course, however, is still required for EMT licensing and renewal in Orange County

The course curriculum and the test have both been revised. In order to teach the revisions, which are based on the OCEMS changes effective October 1, 2017, providers should apply for the new curriculum, using the attached application. Courses attended by EMTs prior to the course change will continue to be accepted. However, after November 1, only the new curriculum may be taught.

You must be an approved CE Provider in order to teach the course. CE Certificates for the revised curriculum must state "OC EMT Ambulance Driver/Attendant Course 2017".

If you have any questions, please feel free to contact Vicki Sweet at 714.834.2926 or vsweet@ochca.com



Request to teach Local EMT Ambulance Driver/Attendant License Course Curriculum

This form is to be used when an approved EMS (CE) provider or approved EMT Training Program wishes to offer the OCEMS EMT Ambulance Driver/Attendant License Course Curriculum. Upon completion, the curriculum and test will be released to Provider

Authority: Title 22, §100061: "Local accreditation" or "accreditation" or "accredited to practice" as used in this Chapter, means authorization by the local EMS agency to practice the optional skill(s) specified in §100064 within that jurisdiction. Such authorization assures that the EMT has been oriented to the local EMS system and trained in the optional skill(s) necessary to achieve the treatment standard of the jurisdiction.

| standard of the jurisdiction. | | F8 1000 | |
|---|--|--|--|
| Applicant Name | | | |
| EMS CE Provider Number | | | |
| Mailing Address Number, Street | | | |
| Suite | | | |
| City, State, Zip Code | er man | | |
| Primary Contact Person | 87 | | |
| Phone | | | |
| Fax | | | |
| Email | | | |
| Length of course, class or training | Per policy, minimum written/skills testing | r policy, minimum 3 hours classroom/laboratory instruction; minimum 1 hour itten/skills testing | |
| subject to periodic review, including | g site visits | | nd skills. Per policy, all programs are |
| I certify that I have read and unders chapter in Title 22 (Division 9, Chapte components and requirements desc the best of my knowledge, is true and | er 11) and OCEMS I ribed therein. Furti | Policy #505.00 and that this hermore, I certify that all inf | CE provider will comply with all formation on this application, to |
| Date: | SIGNATURE -Continuing Education Program Director | | |
| This application, with supporting do | Continui Orange Count 405 W. Sa | ng Education Coordinator ry Emergency Medical Service Fifth Street, Suite 301A anta Ana, CA 92701 | |
| · | Pnone: (/14)8 | 34-3500 FAX: (714) 834-31 | |
| OCEMS use only | ame) Effective date | Curriculum provided (date) | Comments |
| Application rec'd (date) Reviewed by (na | ine) Enecuve date | Curriculum provided (date) | |
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