



APPLICATION FOR AUTHORIZATION AS APPROVED PUBLIC SAFETY FIRST RESPONDER TRAINING PROGRAM

New
 Renewal
 Update
 Provider # 30-_____ (if applicable)

Program Name	
Mailing Address	
Number, Street	
Suite	
City, State, Zip Code	
Primary Contact Person	
Phone	
Fax	
Email	
PROVIDER IS A/AN: (CHECK ONE)	
<input type="checkbox"/> Local EMS Agency	<input type="checkbox"/> Service Provider
<input type="checkbox"/> Base Hospital	<input type="checkbox"/> EMT or EMT-P Training Program
<input type="checkbox"/> Other Hospital	<input type="checkbox"/> University / College
	<input type="checkbox"/> Other School
	<input type="checkbox"/> Other Governmental Agency
	<input type="checkbox"/> Individual
	<input type="checkbox"/> Other CE Provider

Submit the following, as indicated:

- List of courses offered and name and version of textbooks with course curriculum
*If no textbook is used, submit the entire curriculum for Medical Director approval
- Final written examination with pre-established scoring standards
- Skill competency testing criteria, with pre-established scoring standards
- Name and qualifications of instructor(s) (include certification/license information)

***Approval does NOT include EMS Continuing Education (CE) provider approval. See OCEMS Policy 530.00**

I certify that I have read and understand the California Emergency Medical Services (EMS) Public Safety First Aid chapter in Title 22 (Division 9, Chapter 1.5) and OCEMS Policy #535.00 and that program will comply with all components and requirements described therein. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

SIGNATURE – _____ Date: _____
Training Program Coordinator/Director

This application, with supporting documentation, should be submitted to:

Orange County Emergency Medical Services
 405 W. Fifth Street, Suite 301A Santa Ana, CA 92701
 Phone: (714) 834-3500 FAX: (714) 834-3125
emslicensing@ochca.com

OCEMS use only

Application Rec'd Date	Reviewed By	Effective Date	Expiration Date	Provider Number	OCEMS Approval	EMSA notification
Comments						