



Sacramento County EMS Agency (SCEMSA) Emergency Medical Responder (EMR) Training Program Application

Initial Application _____ Renewal _____

Name of Training Program or Individual: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Principal Instructor(s):* _____

Teaching Assistant(s):* _____

I verify that the Emergency Medical Responder Course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standards:

- <https://www.ems.gov/pdf/811077a.pdf>
- <https://www.ems.gov/pdf/811077b.pdf>

I further certify that the program will utilize the appropriate instructor-to-student ratio (at least one principal instructor or teaching assistant for each ten (10) students during skills practice/laboratory sessions), and that appropriate equipment and adequate classroom space will be available for all instructional activities.

Name/Title

Signature

Date

*Attach a resume for all proposed Principal Instructor(s) and Teaching Assistant(s)



Emergency Medical Responder (EMR) Training Program Checklist

The following material must be submitted with your initial or renewal application form. If material is missing it may delay your approval or re-approval as an EMR Training Program.

Materials to be Submitted	Enclosed	EMS Agency use Approved
Training program application –completed and signed		
Training program principal instructor(s) and teaching assistant(s) resume’s		
Training program course location & proposed dates		
Samples of written and skills examinations used for periodic testing		
Final skills competency examination		
Final written examination		
Sample of the proposed course completion certificate		
Description of the program facilities, equipment, examination security and student record keeping (Note: additional evidence of compliance with these items, including initial or periodic site visit(s) by SCEMSA staff may be required).		
EMR training program approval fee paid		

Packet Received:	Application Incomplete:	Approval Date:	Expiration Date:	Reviewed By:

Please return this application to:
 Sacramento County EMS Agency
 9616 Micron Ave. Suite 960
 Sacramento, CA. 95827
 (916) 875-9753

SCEMSAInfo@saccounty.net