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

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*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

*Indicates material required to submit for renewal