



# Sacramento County EMS Agency (SCEMSA) Emergency Medical Technician (EMT) Training Program Renewal Application

Name of Training Program: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate Type of Program Eligibility:

\_\_\_\_ Accredited University/College (Junior or Community College or Private Postsecondary School)

\_\_\_\_ Medical Training Unit of a Branch of the Armed Forces or US Coast Guard

\_\_\_\_ Government Agency Including Public Safety Agency

\_\_\_\_ Licensed General Acute Care Hospital (Must hold a special permit to operate Basic or Comprehensive EMS and provide Continuing Education to other health care professionals.)

Program Director:\*

Program Clinical Director:\*

Program Principal Instructor(s):\*

Teaching Assistant(s):\*

Any changes to Hospital or Ambulance Affiliations?    YES    NO

If yes, attach a copy of the contracts.

Indicate below any additional pertinent training program personnel information/changes/note:



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Indicate below any substantive changes related to the provision of student clinical experience (new/cancelled contracts, significant contract changes/issues):

Indicate below any current issues placing students in clinical experience phase of their training, and what is being done to address the issue(s) if applicable:

How does the training program meet EMT Training Program Course Completion Challenge Process as required by regulations, Chapter 2, Section 100078:

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

- [National Emergency Medical Services Education Standards](#)
- [National Emergency Medical Services Education Standards EMT Instructional Guidelines](#)
- [National Emergency Medical Technician: Basic Refresher Curriculum](#)

I further certify that the program offers a refresher course and utilizes 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



**Sacramento County EMS Agency (SCEMSA)  
Emergency Medical Technician (EMT) Training Program  
Renewal Application**

Please return this application to:  
Sacramento County EMS Agency  
[SCEMSAInfo@sacounty.gov](mailto:SCEMSAInfo@sacounty.gov)

**For SCEMSA Use Only**

<b>Packet Received:</b>	<b>Application Incomplete:</b>	<b>Approval Date:</b>	<b>Expiration Date:</b>	<b>Reviewed By:</b>