

COUNTY OF SAN DIEGO EMS AGENCY  
APPLICATION FORM  
PUBLIC SAFETY FIRST AID TRAINING PROGRAM

1. Name of Agency/Organization: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Extension \_\_\_\_\_

2. Personnel:  
Program Director \_\_\_\_\_  
\*Instructor \_\_\_\_\_  
\*Instructor \_\_\_\_\_  
\*Instructor \_\_\_\_\_

3. Course Hours:  

	Initial Course	Refresher
Didactic/Skills (min. 21 hrs.)	_____	_____
Optional Skills (min. 2 hrs. per skill)	_____	_____

4. Optional Skills: (note elevated instructor requirements for optional skills)  
 Epinephrine Auto-Injector     Oxygen     Atropine/Pralidoxime Auto-Injector  
 Naloxone     OP/NP Airways     \_\_\_\_\_

5. Text: \_\_\_\_\_

\*Provide qualifications on appropriate forms for each person.

Materials to be Submitted	Check One		
	Enclosed	To Follow	For County Use Only
1. Completed application form for program approval. 100024  2. Check list for program approval.  3. Instructor name(s) and qualification form(s). 100024(a)(5)  4. Initial Course content. 100017, 100018, 100021,100024(a)(2,3,4) :  a. Detailed course outline. b. At least three (3) sample lesson plans. c. At least three (3) examples of skills practice sessions with objectives. d. Final written examination including scoring criteria and passing standards. e. Final skills examination including scoring criteria and passing standards.  5. If optional skills are included; course content meets specific training criteria for individual skills as listed in section 100019:  <input type="checkbox"/> Epinephrine Auto-Injector  <input type="checkbox"/> Oxygen  <input type="checkbox"/> Atropine/Pralidoxime Auto-Injector  <input type="checkbox"/> Naloxone  <input type="checkbox"/> OP/NP Airways  <input type="checkbox"/> _____			

Materials to be Submitted	Check One		
	Enclosed	To Follow	For County Use Only
<p>6. Refresher Course content. 100022</p> <p>a. 8 hour course:</p> <ol style="list-style-type: none"> <li>1. Detailed course outline.</li> <li>2. Plan for demonstration of student's skills.</li> </ol> <p>b. Pretest option:</p> <ol style="list-style-type: none"> <li>1. Pretest</li> <li>2. Final test</li> </ol> <p>7. Sample of validation card or certificate including:100029</p> <p>a. Trainee name.</p> <p>b. Training agency or organization.</p> <p>c. Initial or refresher training.</p> <p>d. Number of hours completed.</p> <p>e. Date of Issue.</p> <p>f. Date of expiration (2 years after date of course completion).</p>			

COUNTY OF SAN DIEGO EMS AGENCY  
PUBLIC SAFETY FIRST AID AND CPR  
INSTRUCTOR QUALIFICATIONS

Agency/Organization: \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Occupation: \_\_\_\_\_

3. Professional or Academic Degrees Held:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

4. Professional License Number(s):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

4. Emergency care related education within the last five (5) years:

<u>Course Title</u>	<u>School</u>	<u>Course Length</u>	<u>Date Completed</u>
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a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

5. Emergency care related experience (academic or clinical) within the last (5) years:

<u>Position</u>	<u>Duties</u>	<u>Organization</u>
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a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

Qualifications validated by: \_\_\_\_\_  
(Representative of Training Organization)