



**PUBLIC SAFETY FIRST AID (PSFA) PROVIDER APPLICATION** (page1 of 3)

Initial Application    
  Re-approval    
  Program Change

**PSFA PROVIDER NAME:** \_\_\_\_\_

**PRIMARY LOCATION OF RECORDS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

Street
City
Zip

**PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_ **FAX NUMBER** (\_\_\_\_) \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**TYPE OF AGENCY (CHECK ONE)**

- PUBLIC SAFETY AGENCY
- HOSPITAL
- ACCREDITED UNIVERSITY AND COLLEGE, JUNIOR AND COMMUNITY COLLEGE, SCHOOL DISTRICT, AND PRIVATE POST SECONDARY SCHOOL

**ESTIMATED NUMBER OF PSFA COURSES TO BE OFFERED PER YEAR:** \_\_\_\_\_

***I certify that I have read and understand the requirements in Title 22, Division 9, Chapter 1.5, to be an approved Public Safety-First Aid (PSFA) Provider, and will comply with the requirements as described. I certify that all information on this application, to the best of my knowledge, is true and correct. I understand that failure to comply with the requirements in Title 22 or providing false information may result in withdrawal of PSFA Provider approval.***

**Contact Name Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Packet Received	Application Incomplete Letter Sent	Approval Date	Expiration Date	Reviewed By
/ /	/ /	/ /	/ /	_____

***For Mountain Valley EMS Agency Use Only***

Revised May 2019

## PUBLIC SAFETY FIRST AID (PSFA) PROVIDER APPLICATION (page 2 of 3)

The following material must be submitted with your initial or re-approval application form. Failure to provide the required material will delay your approval or re-approval as a PSFA Provider.

Any person or agency conducting a training program shall notify Mountain-Valley Emergency Medical Services Agency in writing within thirty (30) calendar days of any changes in the program.

The Agency may request additional materials or documentation as a condition of course approval.

### **PSFA PROVIDER PROGRAM**

LIST OF INSTRUCTORS *(Attach a second form if necessary)*

<b>Material to be submitted:</b>	<b>Initial</b>	<b>Re-approval</b>	<b>Change</b>
Application Form			
Program Contact Name and Contact Information			
Name and Credentials of Principal Instructor(s) and Teaching Assistant(s)			
Statement verifying usage of the State of California PSFA Initial and Retraining Standards Detailed Initial Course Outline (21 hours min)			
Detailed Retraining Course Outline (8 hours min)			
Two samples of written and skills examinations used for periodic and final testing. Updated Training Plan, if appropriate			
Minimum passing standards for written and skills examinations			
Schedule of Courses, Initial or Refresher, for 2 year period			
Location at which Initial and Retraining will be offered.			
Statement verifying that appropriate equipment and adequate classroom space is available for classes to be taught.			
Submit Program Approval Fee in compliance with MVEMSA Fee Schedule			

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**PUBLIC SAFETY FIRST AID (PSFA) PROVIDER APPLICATION** (page 3 of 3)

Name: \_\_\_\_\_

Instructor Position: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Certification/License Number: \_\_\_\_\_ (submit a copy)

Name: \_\_\_\_\_

Instructor Position: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Certification/License Number: \_\_\_\_\_ (submit a copy)

Name: \_\_\_\_\_

Instructor Position: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Certification/License Number: \_\_\_\_\_ (submit a copy)

Name: \_\_\_\_\_

Instructor Position: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Certification/License Number: \_\_\_\_\_ (submit a copy)

Name: \_\_\_\_\_

Instructor Position: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Certification/License Number: \_\_\_\_\_ (submit a copy)