



Thank you for your interest in offering First Responder training. Please find enclosed, for your use, Mountain-Valley EMS Agency Policy #283.00 which outlines the First Responder Course Approval process and the Department of Transportation First Responder Curriculum. This packet has been prepared to assist you with the course approval process.

INSTRUCTIONS FOR COMPLETING FIRST RESPONDER COURSE APPROVAL PACKET

Please complete the following forms or supply the requested information regarding your proposed training program.

1. Please list the name of the proposed sponsoring agency on the attached form.
2. Please list, on the attached form, the geographic area, groups and/or agencies this course would serve.
3. Please list the proposed number, approximate date and location of full or recertification courses.
4. Attach a copy of your proposed Course Outline which includes a calendar of what subject matter will be taught on specific dates. If you do not have specific dates, list the order of the material to be covered per session in chronological order.
5. Please attached two samples of written and skills tests which includes copies of quizzes or periodic written examinations. If you are using skills examinations that are different than those in the Mountain-Valley EMS Agency Practical Examination Workbook then include three (3) samples of those skills examinations.
6. A statement that you agreed to utilize the Department of Transportation Curriculum for First Responders including the required learning objectives, and skills protocols.
7. Complete all forms which are enclosed.

Additional Instructions/Information:

Course Completion Notification

Please provide the Mountain-Valley EMS Agency with a list of the students that successfully complete a course. We must have this information in order to process certification.

First Responder Certification

Please contact the Mountain-Valley EMS Agency at least six weeks prior to the anticipated date of your course certification exam to schedule a test date.

Please note:

Any changes that are made in the course content or to the instructional personnel must be reported to this agency, in advance if possible, or in all cases within 30 days of the change.

If you need more information or have questions please contact Cindy Murdaugh at (209) 529-5085

FIRST RESPONDER TRAINING PROGRAM - REQUEST FOR APPROVAL

Sponsoring Agency:
Address:
Telephone:
Please list the geographic area, groups and / or agencies this course(s) will serve:

PROPOSED SCHEDULE OF FIRST RESPONDER COURSES - *Please submit your proposed courses for the next four years. Any changes to your course schedule must be submitted in writing to the Mountain-Valley EMS Agency within 30 days of any change.*

Type of Course Initial or Recert	Proposed Course Dates	Location

Please sign below verifying the following statements:

- Our Agency will utilize the Department of Transportation First Responder Curriculum for any classes that we offer.
- A copy of our proposed Course Outline is attached.
- We agree to conduct any First Responder courses in compliance with the requirements set forth in the Mountain-Valley EMS Agency Policy #283.00

Signed, Sponsoring Agency

Date

Principle Instructor

Qualifications - Shall be currently certified or licensed in the State of California at a minimum, as an EMT-I. Have at least one(1) year field experience in the practice of prehospital care within the last five years. Has completed a minimum 40-hour teaching methodology course which meets the requirements of the attached MVEMSA policy. **Duties** - Teach no less than 50% of the didactic classroom hours of the topics assigned.

NAME _____

ADDRESS _____

PHONE (HOME) _____ (cell / pager) _____

EMS RELATED EDUCATION (LIST CURRENT CERTIFICATE (S) OR LICENSE(S))

INSTITUTION	COURSE/CERT OR LICENSE #	DATE COMPLETED

EMS RELATED EXPERIENCE

ORGANIZATION	POSITION	DATES

TEACHING ASSISTANT

Qualifications - Shall be currently certified or licensed in the State of California at a minimum, as a First Responder. Have at least one (1) year field experience in the practice of prehospital care within the last five years. Document any combination of knowledge, skills and experience in teaching the course subject matter and shall be approved by the Principal Instructor. **Duties** - Shall teach assigned topics and be supervised by the Principal Instructor.

NAME _____

ADDRESS _____

PHONE (HOME) _____ (cell / pager) _____

EMS RELATED EDUCATION (LIST CURRENT CERTIFICATE (S) OR LICENSE(S))

INSTITUTION	COURSE/CERT OR LICENSE #	DATE COMPLETED

EMS RELATED EXPERIENCE

ORGANIZATION	POSITION	DATES