

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 702 Page 1 of 5
Subject	Emergency Medical Services Continuing Education Providers	
References	California Code of Regulations, Title 22, Division 9, Chapter 11	Effective 09/15/97

I. POLICY

Prehospital continuing education and the approval of continuing education providers will be approved by the EMS Agency and in accordance with California Code of Regulations, Title 22, Division 9, Chapter 11.

II. PROCEDURE

A. CE Provider Application Process

1. Agencies shall submit the application provided in this policy to the EMS Agency.
2. The EMS Agency shall notify the applicant in writing within sixty (60) calendar days from the receipt of a complete application of its decision to approve or disapprove.
3. The application may be disapproved because it is incomplete or because all requirements are not met.
4. The EMS Agency may deny an application for cause as specified under the Disapproval, Revocation, Probation of CE Provider listed below.
5. The EMS Agency will issue a Prehospital CE Provider Number once all requirements have been met and the provider has been approved.
6. Program approval shall be issued for four (4) years. The expiration date shall be no more than four (4) years from the last day of the month in which the application is approved.

B. CE PROVIDER RENEWAL

The CE Provider shall submit an application for renewal at least sixty (60) days before the expiration date in order to maintain continuous approval.

Approved By EMS Director	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	07/01/2017

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C. DISAPPROVAL/REVOCATION/PROBATION OF CE PROVIDER STATUS

1. The EMS Agency may, for cause, deny, suspend, revoke, or place on probation any CE provider who is non-compliant with any criterion required for CE provider approval.
2. Notice and action of the EMS Agency and CE Provider or applicant, will be in accordance with California Code of Regulations Title 22, Division 9, Chapter 11, Section 100394.
3. If CE provider status is disapproved or revoked, approval for CE credit will be withdrawn for all CE programs scheduled after the date of action.
4. If a CE provider is placed on probation, the terms of probation, including approval of an appropriate corrective action plan shall be determined by the EMS Agency. This corrective action plan may include submission of all course documentation to the EMS Agency no later than thirty (30) days prior to each course being offered during the probationary period. In these cases, written notification of course approval shall be sent to the CE provider within ten (10) days of the receipt of the request.
5. Renewal during probation is contingent upon successful implementation of the approved corrective action plan.
6. The EMS Agency shall notify the California EMS Authority of each CE provider approved, disapproved, or revoked.

D. CE PROVIDER RESPONSIBILITIES

1. The applicant should submit the attached application to the EMS Agency at least sixty (60) calendar days prior to the date of the first planned activity.
2. Documentation that shall accompany the application, at the minimum should include:
 - a. A signed statement verifying adherence to state regulations and local policy.
 - b. The name and qualifications of the program director and clinical director with copies of resume and certificate of completion of an approved instructor course.
 - c. The location of the headquarters at which the course records and other required information will be maintained.
3. Payment of required non-refundable approval fee, when at such time fees have been established.
4. Provider approval is non-transferrable.

E. CE PROVIDER REQUIREMENTS

1. The CE provider must ensure that the content of all CE is relevant, enhances the practice of prehospital emergency medical care, and is related to the knowledge base or technical skills for the practice of emergency medical care.
2. Records shall be maintained for four (4) years and shall contain the following:
 - a. Complete outlines for each course given, including a brief overview, instructional objectives, comprehensive topical outline, method of evaluation and a record of participant performance.

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- b. Record of time, place, date each course is given and the number and type of hours granted.
 - c. A curriculum vitae or resume for each instructor.
 - d. A roster signed by course participants, or in the case of media based/serial production courses, a roster of course participants, to include their name and certification number of prehospital care personnel taking any approved course and a record of any certificates issued.
 - e. Course Evaluations and post-test.
3. The EMS Agency shall be notified within thirty (30) days of any change in name, address, telephone number, program director, or clinical director.
 4. Courses to be listed on the CE calendar need to be submitted to the EMS Agency by the 20th of each month.
 5. All records are available to the EMS Agency upon request. A CE provider is subject to scheduled or unscheduled site visits by the EMS Agency.
 6. Classes and/or courses are subject to scheduled or unscheduled site visits by the EMS Agency.

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

**APPLICATION FOR APPROVED PROVIDER OF
PREHOSPITAL CONTINUING EDUCATION (CE)**

Please Print or Type

CE PROVIDER AGENCY NAME: _____

TELEPHONE NO.: _____ FAX NO.: _____ EMAIL: _____

PROVIDER LOCATION:

Street & Number City State Zip Code

PROVIDER MAILING ADDRESS (if different than above):

Street & Number City State Zip Code

CONTINUING EDUCATION PROGRAM DIRECTOR:

Full Name Title

CONTINUING EDUCATION CLINICAL DIRECTOR:

Full Name Title

PROVIDER IS A/AN (Check ONE):

- | | |
|--|--|
| <input type="checkbox"/> Local EMS Agency | <input type="checkbox"/> EMT-I Training Program |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other School |
| <input type="checkbox"/> Prehospital Provider Agency | <input type="checkbox"/> Other Governmental Agency |
| <input type="checkbox"/> EMT-P Training Program | |

ESTIMATED NUMBER OF CE HOURS TO BE PROVIDED:

BLS Level: _____ Hours Yearly ALS Level: _____ Hours Yearly

ATTACH TO THIS FORM: **Resumes of Continuing Education Program Director and Clinical Director, demonstrating that individual's experience and qualifications in prehospital care/education, and documentation of completion of approved instructor course (see attached regulations).**

I certify that all information on this application is, to the best of my knowledge, true and correct. Furthermore, I certify that I/this agency will comply with all State and local regulations, guidelines, policies and procedures regarding continuing education, and agree to comply with all audit and review processes.

Signature: _____

Continuing Education Program Director

_____ Date

Submit this application, with appropriate supporting documentation to:

Debra Becker, RN
Central California EMS Agency
1221 Fulton Mall
Fresno, California 93721
(559) 600-3387

Local EMS Agency Use Only

Appl. Rec'd	Reviewed By	Approval Date	Renewal Date	Provider Number	CE Level - BLS/ALS	Comments

