

SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
 EMT-I TRAINING PROGRAM
 APPROVAL CHECKLIST

	Enclosed	Approved
1. Application Summary Sheet		
2. Teaching Staff Credentials		
a. Program Director		
b. Program Clinical Coordinator		
c. Principal Instructor(s)		
d. Teaching Assistant(s)		
e. Hospital Clinical Supervisor(s)		
3. Class Site Location		
4. Hospital/Ambulance Affiliation Form with copies of all written agreements with training hospitals and ambulance companies		
5. Course Curriculum		
Attach:		
A. List total hours, excluding certification testing:		
(1) Statement re: State EMT-I curriculum		
(2) Lesson Plans		
(3) Course Outline		
(4) a. samples of periodic quizzes		
b. samples of periodic skill exams		
(5) A Final Skills Competency Exam		
B. Refresher Course (list total hours, excluding certification testing)		
(1) Course Outline		
(2) Lesson Plans		
(3) Samples of Periodic Quizzes		
6. Describe provisions for course completion by challenge if different from final examination.		
7. Table of contents listing the above required information with corresponding page number.		
8. Course Completion Certificate		
Date Approved:		
EMS Coordinator:		