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**APPLICATION INSTRUCTIONS**

**CONTINUING EDUCATION (CE) PROGRAM APPROVAL**

The application instructions were created to help provide clarification to the requirements for Continuing Education program approval/reapproval. The Program application and *Ref. No. 1013, EMS Continuing Education (CE) Provider Approval and Program Requirements*, are the standard the EMS Agency uses to evaluate the program application.

Submit the CE program application packet with all supporting documents. Use the tabs listed below to organize the packet. Please contact your program approvals coordinator at any time if you have additional questions or if clarification is needed.

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| **TAB #1** | |  | |
| **APPLICATION-SUPPORTING DOCUMENTS** | **INSTRUCTIONS** | | **FORM** |
| Letter/Memo of intent to renew or request new program | Letter needs to be signed by the program director and be on **official letterhead** | |  |
| **CE Program Application Form**  EMS Continuing Education Provider Application | Complete the entire application form, initial and sign where indicated (Program Director). | | **1A** |

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| **TAB #2** | | |
| **SUPPORTING DOCUMENTS** | **INSTRUCTIONS** | **FORM** |
| **PROGRAM DIRECTOR APPLICATION FORM** | Complete in its entirety and submit supporting documents to meet requirements as identified on the application form. Form must be signed.  NOTE: Program Director MUST be an employee of the organization. All formal and informal communication regarding the program is solely conducted with the program director | **2A** |
| * CV/License/Certs | Submit/attach CV or resume and all qualifying licenses  and certifications. |
| * Teaching Methodology | Qualifications are by education and experience in program development, methods, materials, and evaluation of instruction and shall be documented by at least **40** hours  of training in teaching methodology such as:   1. Four (4) semester units of upper division credit in educational materials, methods, and curriculum development or equivalent, - OR- 2. California State Fire Marshal’s (CSFM) “Instructor I and II”, - OR- 3. National Fire Academy’s (NFA) “Fire Service Instructional Methodology Course” or equivalent, - OR- 4. National Association of EMS Educators’ (NAEMSE) “Level Instructor Course” |
| * EMS Orientation Class (Attendance is **MANDATORY**) | Initial program applicants must complete class within six (6) months of approved as the program director. Contact Greg Klein at (562) [378-1685 or gklein@dhs.lacounty.gov](mailto:378-1685%20or%20gklein@dhs.lacounty.gov) for class dates. |
| **CLINICAL DIRECTOR APPLICATION FORM** | Complete in its entirety and submit supporting documents to meet requirements as identified on the application form. Form must be signed. | **2B** |
| * CV / Licenses / Certifications | Must be a MD, RN, PA, or Paramedic currently licensed in California. Submit CV or Resume and all qualifying licenses and certifications. |
| * Recent EMS/Emergency   medicine experience | Must have a minimum of two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years |

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| **TAB #3** | | |
| **ADVERTISEMENT/SCHEDULE/FLYER, ATTENDANCE RECORD, and**  **COMPLETION CERTIFICATE** | | |
| **EMS CONTINUING EDUCATION ADVERTISEMENT/ SCHEDULE / FLYER** | * **Submit a current course advertisement/schedule/flyer.** Advertisements/schedules/flyers announcing CE hours being offered must contain all elements in checklist (3A)   NOTE: Copies of all advertisements/flyers or training schedules shall be submitted to the LAC EMS Agency and the local EMS agency in whose jurisdiction (if out of LA County) the course is held a minimum of fourteen (14) days prior to the course date. | **3A** |
| **CE ATTENDANCE RECORD / ROSTER** | * **Submit a CE Attendance Record**   The information on the EMS CE Attendance record must contain all the elements listed on checklist (3B).  NOTE: An EMS CE Attendance record must be completed for all CE provided. Each student must sign the attendance record or register online with all data fields completed in order to receive CE credit. | **3B** |
| **COURSE COMPLETION CERTIFICATE** | * **Submit a Course Completion Certificate**   Must contain all required elements on checklist (3C)   * **Submit a memo** regarding tamper resistant method used and procedure to issues a duplicate certificate if requested by a student   NOTE: A CE provider may track completion of a CE event for employees electronically but must still record EMS CE issued on the course roster. Must be able to produce a certificate for the employee. | **3C** |
| **TAB #4** | | |
| **CE PROGRAM SELF DEVELOPED COURSE** | | |
| **SELF-DEVELOPED LESSON PLAN** | **Submit a Lesson Plan -** Include Title of course, Description, Goal, Objectives (Minimum of 2 objectives per course), lesson in outline format, date, CE hours approved, references, resources (materials/equipment), handouts, method of performance evaluation with passing criteria. | **4A** |
| **COURSE LESSON** | Submit PowerPoint, Prezi, video, etc. |  |
| **AGENDA** | Submit an Agenda if course contains more than one topic or is four (4) hours or more. |  |
| **PERFORMANCE/TEST** | Submit method of performance/test used for evaluation with passing criteria and answer key (reference 4B/4C) | **4B/4C** |
| **COURSE and INSTRUCTOR EVALUATIONS** | Submit a course and instructor evaluation (may be combined). See course evaluation guideline (4D). | **4D** |
| **TAB #5** | | |
| **NEEDS ASSESSMENT** | Submit a Needs Assessment with applicable supporting documents. | **5A** |
| **QUALITY IMPROVEMENT PLAN** | Submit QI Plan that evaluates the effectiveness of the EMS CE program, courses offered, and relevance to emergency medical care. | **5B** |
| **TAB #6** | | |
| **ADDITIONAL INFORMATION AND RESOURCES - Submit as required/needed** | | |
| Notification of Personnel Change Form | The EMS Agency must be notified within 30 days with any program or personnel changes. If applicable, complete **form 621.1** and submit | **6A** |
| Annual Continuing Education (CE) Summary Form | Approved CE providers shall offer a minimum of twelve (12) course hours of CE annually. An **Annual Summary** is due by January 31 for the previous year listing all instructor based, non-Instructor based or educational courses that have been converted. | **6B** |
| Reference No. 1013 – EMS Continuing Education (CE) Provider Approval and Program Requirements | Refer to Reference No. 1013 as needed | **6C** |
| **SITE SURVEY REVIEW TOOL - Renewal Applicants Only** | | |
| **CE COURSE REVIEW FORM** | The form is what is used during the site survey visit. The site visit will consist of auditing/reviewing ten (10) random CE courses taught during the prior four (4) year period. Courses are selected from the Annual Summaries. Lesson plans, teaching methods, course attendance rosters, course content, instructor CV’s, tests and evaluations will be audited/reviewed. Please have all CE educational records available for the previous 4-year period available during the visit. | **7A** |

4/2024