



Emergency Medical Services Agency Continuing Education Provider Guide

2180 Johnson Ave., 2nd Floor
San Luis Obispo, CA 93401
805-788-2511 Phone
805-788-2517 Fax
www.sloemsa.org

Continuing Education Provider Guide

Table of Contents

Table of Contents	1
Purpose of the Guide	2
How to become a CE Provider	2
CE Provider Renewal	3
Denial, Probation, Suspension or Revocation of CE Provider	3
Required Staff	4
Course Requirements	4
Determining CE Hours	5
Required Records and Documents	6
Reporting Requirements	6
List of the County of San Luis Obispo Pre-approved Fire Courses	8
Attachment A – CE Provider Application	
Attachment B – Sample CE Course Evaluation	
Attachment C – Sample CE Certificate	
Attachment D – Sample Course Roster	
Attachment E – CE Provider Application Check List	
Attachment F – CE Provider Application Renewal Check List	

CONTINUING EDUCATION (CE) PROVIDER GUIDE

Purpose of This Guide

The County of San Luis Obispo Continuing Education Provider Guide was developed to assist qualified organizations and individuals in becoming authorized CE Providers and to maintain that authorization. This Guide will also provide assistance to CE Providers to ensure quality instruction is being presented to local Emergency Medical Technicians (EMTs) and Paramedics.

How to Become a Continuing Education Provider

Who May Apply

Individuals or Organizations within the County of San Luis Obispo wishing to become a CE Provider are required to submit an Application Packet to the County of San Luis Obispo EMS Agency for approval.

How to Apply

The request for CE Provider approval must be complete and contain all information requested on the attached Initial Approval Packet Check List (Attachment E), including a resume for both the Program Director and Clinical Director, and the \$500 applicable non-refundable fee.

Application Packets must be received by the EMS Agency at least sixty (60) calendar days prior to the first scheduled course of instruction.

The EMS Agency will notify the applicant within fourteen (14) days that the application was received; and shall notify the applicant within sixty (60) days of receipt of the application with its decision to approve or deny the application.

Upon approval, the EMS Agency will issue a CE Provider Number and may approve the CE Provider for a period of up to 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 was approved.

The CE Provider must comply with all California State regulations and the County of San Luis Obispo policies, procedures and guidelines. The CE Provider must maintain its status as an Approved CE Provider with the EMS Agency in order to provide CE hours.

All approved EMT Programs are also approved CE Providers.

Renewal of Approval

An application packet as listed on the attached CE Provider Renewal Check List (Attachment F) must be provided to the EMS Agency at least sixty (60) calendar-days prior to expiration date for approval, along with a \$71 Renewal fee.

Denial, Probation, Suspension or Revocation of CE Provider

Noncompliance with any criterion required for CE Provider approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of Title 22 of the California Code of Regulations; Division 9, Chapter 11, or this Guide, may result in denial, probation, suspension, or revocation of CE Provider approval by the EMS Agency.

Notification of noncompliance and action to place on probation, suspend, deny or revoke shall be carried out as follows:

1. The EMS Agency shall notify the approved CE provider program director in writing, by certified mail, of the provisions with which the CE provider is not in compliance.
2. Within fifteen (15) days of receipt of the notification of noncompliance, the approved CE provider shall submit in writing, by certified mail, to the EMS Agency one of the following:
 - A. Evidence of compliance, or
 - B. A plan for meeting compliance within sixty (60) days from the date of receipt of the notification of noncompliance.
3. Within fifteen (15) days of receipt of the response from the approved CE provider, or within thirty (30) days from the mailing date of the noncompliance notification if no response is received from the approved CE provider, the EMS Agency shall notify the EMS Authority and the approved CE provider in writing, by certified mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, or place on probation, suspend or revoke the CE provider approval.
4. If the EMS Agency decides to place on probation, suspend or revoke the CE provider's approval, the notification specified in sub-section (3) of this section shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) days from the date of the EMS Agency's letter of decision to the EMS Authority and the CE provider.
5. If CE provider status is suspended or revoked, approval for CE credit shall be withdrawn for all CE programs scheduled after the date of action.
6. The EMS Agency shall notify the EMS Authority of each CE provider approved, placed on probation, suspended or revoked within its jurisdiction within thirty (30) days of action.
7. The EMS Authority shall maintain a list of all CE providers that are approved, placed on probation, suspended or revoked and shall post the listing on the EMS Authority's website.

Required Staff

The EMS Agency shall be notified within thirty (30) business days of any change in name, address, telephone number, Program Director or Clinical Coordinator.

Approved CE Providers must maintain the following staff. A single individual may fulfill multiple staff positions.

- Program Director who shall be qualified by education (40 hours training in teaching methodology through a training program that meets the U.S. DOT/NHTSA 2002 Guidelines for Educating EMS Instructors, such as the NAEMSE Course or California State Fire Marshal "Fire Instructor 1A and 1B.) The Program Director shall also have experience in methods, materials, and evaluation of instruction; and who shall be responsible for approval of course content, examinations, selection of instructors, and coordination of all aspects of the educational activities, including maintenance of any and all required documentation. Specific requirements are found in Title 22, Section 100395 (g).
- Clinical Coordinator who is a currently licensed or certified physician, physician's assistant, registered nurse or paramedic and shall have a least two (2) years of academic, administrative or clinical experience in emergency medicine within the last five (5) years. Specific requirements are found in Reference Title 22, Section 100395 (i).
- Instructors approved by the Program Director, who are current, knowledgeable, and skillful in the subject matter of the course or activity. Instructors shall have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area; or have at least one (1) year of experience within the last two (2) years in the specialized area in which they are teaching; or be knowledgeable, skillful and current in the subject matter of the course or activity. Specific requirements are found in Title 22, Section 100395 (j).

CE Course Requirements

An approved CE Provider shall ensure that:

- Courses approved for CE shall be made available to all EMS Providers in the County of San Luis Obispo.
- 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 required for the practice of prehospital medicine.
- Classes or activities less than one CE hour in duration are not approved, and for courses greater than one CE hour, credit is granted in no less than half hour increments.

Instructional Objectives

Instructional objectives are the basis for determining the content of a program. Instructional objectives are the expectations of the instructor for program participants and measure their behavioral changes. Instructor goals are not instructional objectives. Instructional objectives enable the instructor and participant to attain program goals.

Instructional Objective Components

- Performance refers to what the participant is expected to do.
- Condition refers to what requirements must be present to meet the objective.
- Criterion refers to what standard is used to measure the achievement of the objective.

Two examples of complete instructional objectives are:

- *At the conclusion of the course, the participant will be able to identify correct hand placement for adult CPR (performance) on a manikin (condition) according to the standards of the American Heart Association (criterion).*
- *Upon completion of this course, the participant will identify three essential components of CPR (performance) in writing (condition) with 100% accuracy (criterion).*

Determining Continuing Education Hours

Determining the number of hours

CE Providers determine the amount of CE credit to be awarded for the courses they offer on the following basis:

- One CE hour is awarded for every fifty (50) minutes of approved content.
- Courses or activities less than one (1) hour are not approved.
- For courses greater than one (1) CE hour, credit may be granted in no less than half-hour increments.
- Each hour of structured clinical experience shall be accepted as one (1) CE hour.
- One academic quarter unit shall equal ten (10) hours.
- One academic semester unit shall equal fifteen (15) hours.

Determining what are acceptable CE Hours

Continuing education for EMS personnel shall be in any of the topics contained in the respective National Standard Curricula for training EMS personnel, except as provided in Title 22, Section 100391.1 (a)(8).

All approved CE shall contain a written and/or skills competency based evaluation related to course, class, or activity objectives. An applicant with documentation of successful completion of an approved out-of-state EMT training course within the last two years, which meets California's requirements, is eligible for certification.

Records and Documents

Record Keeping

The CE Provider shall retain the following materials for a minimum of four (4) years:

- a complete outline for **each** course given, including a brief overview, instructional objectives, comprehensive topical outline, method of evaluation and a record of participant performance, if appropriate;
- record of date, time and place each course is given and CE hours granted;
- a roster signed by participants including their certification or license number;
- resumes and specific qualification of all instructors, and
- summaries of test results, course evaluations, or other methods of evaluation. The type of evaluation used may vary according to the instructor, content or program, number of participants and method of presentation.

All records shall be made available to the EMS Agency upon request. The CE Provider shall be subject to scheduled or unscheduled visits by the EMS Agency.

Certificates

The CE Provider shall issue to student's a tamper-resistant certificate of completion within thirty (30) calendar days of course completion. Certificates shall contain the following information:

1. Name and certification or license number of the participant.
2. Course title.
3. Date(s) of course.
4. "This course has been approved for ___ hours of continuing education by an approved California EMS CE Provider and was ___ instructor-based ___ non-instructor based."
5. "This document must be retained for a period of four years ".
6. "(organization name), California EMS CE Provider # ___ - _____."

Reporting Requirement

A listing of all courses to be offered, including date, time, location, CE credit offered, any restrictions on attendance, and the phone number to call for additional course information, is delivered to the EMS Agency no less than thirty (30) working days prior to the first day of each course. The CE Providers yearly CE schedule may be submitted in lieu of individual course notification.

Any information disseminated by the CE Provider publicizing CE shall be sent to the EMS Agency prior to the beginning of the course, class, or activity, and must include the following information:

1. CE provider's policy on refunds in cases of nonattendance by the registrant or cancellation by provider.
2. A clear, concise description of the course, class or activity content, objectives and the intended target audience (paramedic, EMT, First Responder, etc.)
3. CE provider name, as officially on file with the EMS Agency.
4. Specification of the number of CE hours to be granted.

When two (2) or more CE providers co-sponsor a course, class, or activity, only one approved CE provider number will be used for that course, class, or activity and the CE provider, whose number is used, assumes the responsibility for meeting all applicable requirements.

An approved CE provider may sponsor an organization or individual that wishes to provide a single course, class or activity. The approved CE provider shall be responsible for ensuring the course, class, or activity meets all requirements and shall serve as the CE provider of record. The approved CE provider shall review the request to ensure that the course, class, or activity complies with the minimum requirements.

Pre-approved classes for CE credit.

EMS Prehospital personnel who take the following pre-approved classes in the County of SLO may accumulate up to a total of twelve (12) CE hours, in any combination, toward their total number of hours needed for use in the recertification process.

CLASS NAME	CE HOURS
Auto Extrication	4
Basic Emergency Vehicle Operations	2
Child & Elder Abuse Reporting to Child and Adult Protective Services	2
Communicable diseases	(hour for hour)
Confined Space Awareness	2
Confined Space Technician(formerly Operations)	8
CPR/AED initial or refresher	(hour for hour)
Fire Command 1A	4
Fire Command 1B	4
Hazmat First Responder Awareness	2
Hazmat First Responder Operations	4
Hazmat First Responder Decontamination	4
Hazmat Incident Commander	8
ICS 400 Advanced ICS	2
Low Angle Rescue	4
Multiple Casualty Incident Classes	(hour for hour)
Personal Watercraft Operations/Rescue	4
Rescue Systems 1 Basic Rescue Skills	8
Rescue Systems 2 Advanced Rescue Skills	8
Response to Alternative Fuel Vehicles	4
River and Flood Rescue	4
S-200 ICS	2
S-300 ICS	2
S-334 Strike Team Leader	2
S-400 Incident Commander	2
S-404 Safety Officer	4
S-430 Operation Section Chief	2
SIDS	1
Trench Rescue	4
10 EMT Skills Verification for Recertification	(hour for hour)

COUNTY OF SAN LUIS OBISPO CONTINUING EDUCATION PROVIDER APPLICATION

Initial Application Renewal Update

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: (____) _____ **FAX NUMBER:** (____) _____

PROGRAM DIRECTOR: _____

EMAIL: _____ **PHONE NUMBER:** (____) _____

CONTACT PERSON IF OTHER THAN PROGRAM DIRECTOR: _____

EMAIL: _____ **PHONE NUMBER:** (____) _____

CLINICAL COORDINATOR: _____

EMAIL: _____ **PHONE NUMBER:** (____) _____

1. Enclose resumes of the Program Director, Clinical Coordinator and Primary Instructors with application.
2. Enclose fee with application. (\$500 New Application/ \$71 Renewal Application)

TYPE OF ENTITY (CHECK ONE)

- HOSPITAL
- COLLEGE
- OTHER SCHOOL OR TRAINING PROGRAM: _____
- AMBULANCE PROVIDER
- FIRE DEPARTMENT
- LAW ENFORCEMENT AGENCY
- INDIVIDUAL/PRIVATE BUSINESS
- OTHER: _____

I will comply with the attached requirements for CE Providers as set forth in Title 22, Division 9; Chapter 11 of the California Code of Regulations and the County of San Luis Obispo CE Provider Guide, and will assure compliance with all regulations, policies, guidelines and procedures required as a CE Provider. I agree to all audit and review provision requirements and certify that all information on this application is true and correct to the best of my knowledge. I understand that failure to comply with CE Regulations and guidelines may result in revocation of my CE Provider approval status.

Program Director Signature: _____ **Date:** _____

Completed App. Packet Received	Incomplete - Returned	Approval Date	Expiration Date	CE Provider #:	Fee Paid	Reviewed By
				40-		

Attachment B – Sample CE Course Evaluation

CE Course Evaluation

Date: _____ Course Title: _____

Instructor: _____

Please evaluate this course by using the following 1 -5 scale for the statements below.

1. =Strongly Agree
2. =Agree
3. =Neutral
4. =Disagree
5. =Strongly Disagree
6. N/A = Does not apply to this course

_____ This course met the stated objectives.

_____ The Instructors exhibited mastery of their subject.

_____ The class space, lighting and acoustics were adequate.

_____ The handouts were useful.

_____ The audio-visual materials enhanced learning the subject.

_____ The information provided will be useful.

Please add your comments in the space below. We value student feedback and use it to evaluate and update our courses.

This is a sample evaluation form. Please adapt or create a Course Evaluation Form that will best meet the needs of your organization.

Certificate of Completion

Joe Smith #P0000 (paramedic state license # or EMT certification #)

Has Successfully Completed

Class Name

on Date

Administered by CE Provider Agency Name

This activity has been approved for XX **hours of continuing education** by an approved California EMS CE Provider and was instructor based.
This document must be retained for a period of four years.

Instructor

Date

California EMS CE Provider # 40-XXXX
CE Provider Agency Name
Address

This is a sample course certificate. Please adapt or create a course certificate that will best meet the needs of your organization.

Attachment D – Sample CE Course Roster

CE Course Roster

CE Provider: _____ CE Course Name: _____ Course Location: _____

Date: _____ Total CE Hours: _____ Type of Education: () Instructor Based () Non-Instructor Based

CE Instructor (s): 1. _____ 2. _____ 3. _____

Last Name	First Name	Signature	License/Cert. Number	Provider Agency	Instructor Initial Upon Successful Completion of Course

Instructor Signature: _____

California EMS CE Provider # 40-XXXX

This is a sample course roster. Please adapt or create a course roster that will best meet the needs of your organization

Initial Application Check List

- Cover Letter requesting approval
- Resume/CV for Program Director
- Resume/CV for Clinical Coordinator
- Resume/CV for Primary Instructors
- Completed CE Provider Application (Attachment A)
- Sample of Course Roster
- Two sample lesson plans – didactic. Including course outline, objectives, and evaluation method.
- Two sample lesson plans – skills. Including course outline, objectives, evaluation method, and performance assessment tool.
- Sample of Course Evaluation Form
- Sample of Course Completion Certificate
- Application Fee
- Submit to the EMS Agency

Renewal Application Check List

Required no less than sixty (60) days prior to expiration of program approval

- Continuing Education Provider Cover Letter
- Resume/CV Program Director – *Updated*
- Resume/CV Clinical Coordinator – *Updated*
- Resume/CV Primary instructors – *Updated*
- Completed CE Provider Application (Attachment A) – *Updated*
- Course Roster – *Updated*
- Course Evaluation Form – *Updated*
- Course Completion Certificate – *Updated*
- Application Fee
- Submit to EMS Agency