



CONTINUING EDUCATION PROVIDER CHECKLIST

This document is a template for any agency interested in becoming or renewing Continuing Education (CE) Provider approval, to ensure proper submission of items required for verification and approval. **Please review the instructions on page 5** before completing the checklist, to ensure the submission of all required items for the purpose of becoming an EMSA-approved Provider.

PART I: CE PROVIDER INFORMATION			
APPLICATION TYPE			
Select one. If renewing, please provide current CE program expiration date.			
NEW PROVIDER	RENEWAL	REINSTATEMENT	Exp. Date:
GENERAL PROGRAM INFORMATION			
PROGRAM NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	WEBSITE (Not required):		
MAILING ADDRESS			
Check here if same as physical. If not, complete the below:			
ADDRESS:	CITY:	STATE:	ZIP:
ORGANIZATION TYPE			
Select one.			
LEMSA	State Agency	**Provider Headquartered Outside California	
PROGRAM DIRECTOR INFORMATION			
PROGRAM DIRECTOR NAME:	PHONE:	EMAIL:	
CLINICAL DIRECTOR INFORMATION			
Check here if same as Program Director. If not, complete the below:			
CLINICAL DIRECTOR NAME:	PHONE:	EMAIL:	
PRIMARY PROGRAM CONTACT			
Select if same as:	Program Director	Clinical Director	Or, complete below:
CONTACT NAME:	PHONE:	EMAIL:	

****Providers Headquartered outside of California must include payment in the amount of \$2,500. See Page 5.**

PART II: CE PROVIDER REQUIREMENTS

Pursuant to [§ 100395. CE Provider Requirements](#), an organization or individual must show evidence of meeting provisions of [§ 100395](#) and [§ 100393. Application for Approval](#) to be initially approved as an EMS CE provider. Documents required to show evidence of meeting all provisions of [§ 100393](#) and [§ 100395](#) are listed, below. For CE provider renewal, provisions of [§ 100393.1. Application for Renewal](#) must also be met.

Att.#	§ 100393 PROGRAM REQUIREMENTS	VERIFIED BY STATE
	Name and address of the applicant Met by completing PART I of packet	
	Name of the program director, program clinical director, and contact person, if other than the program director or clinical director Met by completing PART I of packet	
	Resume of Program Director Attach to packet; must show evidence of meeting § 100395(g)	
	Resume of Clinical Director (if different than Program Director) Attach to packet; must show evidence of meeting § 100395(i)	
Att.#	§ 100395 PROGRAM REQUIREMENTS	VERIFIED BY STATE
	Complete outlines for each planned course, including: <ul style="list-style-type: none"> • A brief overview • Instructional objectives • Comprehensive topical outline • Method of evaluation 	
	Record of time, place, and date each course is given and the number of CE hours granted. Met by completing PART III of packet	
	Instructor Information: For all Main Instructors: attach curriculum vitae or resume showing instructor qualifications meet § 100395(j) Additional Instructors: attach a list containing full name and license number of each instructor; PART V § 100395(j) acknowledgment indicates program is prepared to furnish evidence of qualifications for any/all instructors listed.	
	A copy of the roster signed by course participants Must include all items listed in § 100395 (b)(2)(D)	
	A copy of the course completion document Must include all items listed in § 100395 (m)	

PART IV: ACKNOWLEDGEMENTS

Pursuant to [§ 100395. CE Provider Requirements](#), the following provisions shall be met in order to be approved as an EMS continuing education provider. Please initial by each provision, to acknowledge awareness and understanding of these requirements.

§ 100395 ACKNOWLEDGEMENTS	DIRECTOR INITIALS
(b)(1) The content of all CE is relevant, designed to enhance the practice of EMS emergency medical care, and be related to the knowledge base or technical skills required for the practice of emergency medical care.	
(b)(2) Records shall be maintained for four years, including items detailed in § 100395(b)(2)(A)-(D)	
(c) The CE approving authority shall be notified within thirty calendar days of any change in name, address, telephone number, program director, clinical director or contact person.	
(d) All records shall be made available to the CE approving authority upon request. A CE provider shall be subject to scheduled site visits by the approving authority.	
(e) Individual classes, courses or activities shall be open for scheduled or unscheduled visits by the CE approving authority and/or the local EMS agency in whose jurisdiction the CE course, class or activity is being offered.	
(j) Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or 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 year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.	
(l) Each CE provider shall maintain for four years, the items detailed in § 100395 (l)(1)-(2)	

CE PROVIDER PROGRAM CONTENT DECLARATION

As program director, I hereby certify under penalty of perjury that the course content meets the requirements set forth by CCR Title 22, Division 9, Chapter 11. All information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause suspension or revocation of CE provider approval in the State of California. I understand all information on this application is subject to verification, and I hereby give my express permission for EMSA to contact any person or agency for information related to the role and function of this program.

PROGRAM DIRECTOR SIGNATURE:	DATE:
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STATE USE ONLY

APPROVED BY (PRINT):	APPROVED BY (SIGN):	DATE:
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APPROVAL CYCLE EFFECTIVE DATE:	APPROVAL CYCLE EXPIRATION DATE:
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APPLICATION INFORMATION

This packet is a resource guide which may be used by any organization applying for initial approval or renewal as a Continuing Education (CE) Provider with the Emergency Medical Services Authority (EMSA). Items identified in this packet provide evidence of an applicant's compliance with **CCR Title 22, Division 9, Chapter 11. EMS CONTINUING EDUCATION** and verifies, for EMSA, that CE program approval may be granted. Please review the instructions thoroughly, to ensure completion and submission of all items required for EMSA approval.

APPLICATION INSTRUCTIONS

✓	PART I: CE PROVIDER INFORMATION
	Select the application type and
	Complete all CE Provider Information fields
	**PAYMENT
	Providers headquartered outside of California <u>must</u> include payment in the amount of \$2,500. Payment can be made via credit card (see our Forms page for the credit card authorization form,) money order or check to the EMSA TPA Fund .
✓	PART II: CE PROVIDER REQUIREMENTS
	Attach evidence of each program requirement. *To expedite review of all items, list an attachment number for each item and use that number at the beginning of each electronic document/file name.
✓	PART III: CE COURSE RECORDS
	Initial Applicants: List all upcoming/scheduled courses, with course hours, under the "Course Information" section, below. Leave "Attendee Data" section blank. If dates are undetermined, enter "N/A". Renewal/reinstatement Applicants: List all courses scheduled within the current, 4-year approval cycle. Include attendee data for completed courses. For courses scheduled after application submission but before current program expiration, leave attendee data fields blank. *Use additional copies of this page, if-needed, or provide a separate spreadsheet.
✓	PART IV: ACKNOWLEDGEMENTS
	Initial by each regulatory section to acknowledge understanding of the requirement.
	Sign and date the Acknowledgements section