



## EPINEPHRINE TRAINING PROGRAM CHECKLIST

This packet is a resource guide which may be used by any program applying to become an Emergency Medical Services Authority (EMSA)-approved Epinephrine training program. Items identified in this packet provide evidence of compliance with **CCR Title 22, Division 9, Chapter 1.9. Lay Rescuer Epinephrine Auto-Injector Training Certification Standards**, and to verify training program approval may be granted.

Please review the instructions thoroughly to ensure the submission of all required items for the purpose of becoming an EMSA-approved Epinephrine training program.

INSTRUCTIONS	
✓	<b>PART I: TRAINING PROGRAM INFORMATION</b>
	Select the application type and complete all <b>Training Program Information</b> fields.
	Initial the <b>Training Program Content Declaration</b> .
	Sign and date the <b>Training Program Information</b> section.
✓	<b>PART II: CHECKLIST OF PROGRAM REQUIREMENTS</b>
	Provide/attach evidence of each required item.
✓	<b>PART III: CHECKLIST OF CONTENT REQUIREMENTS</b>
	Indicate the following in the “#/mm:ss” column, where “#” means page or slide number and “mm:ss” means “minutes:seconds”:  <b>1. Binder/Package:</b> Provide page number where each curriculum topic appears  <b>2. PowerPoint Slides:</b> Provide the slide number where each curriculum topic appears  <b>3. Video:</b> Provide the timing (mm:ss) in the video for when each curriculum topic is covered
	Sign and date the <b>Content Requirements</b> section, attesting that all curriculum requirements are met by the training.
✓	<b>PART IV: ACKNOWLEDGEMENTS</b>
	Initial by each regulatory section to acknowledge understanding of the requirement.
	Sign and date the <b>Acknowledgements</b> section

PART I: TRAINING PROGRAM INFORMATION				
APPLICATION TYPE				
Select one. If renewing, please provide current training program expiration date.				
NEW PROGRAM	PROGRAM RENEWAL	Program Expiration 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:
PROGRAM DIRECTOR INFORMATION				
PROGRAM DIRECTOR NAME:	PHONE:	EMAIL:		
PRIMARY PROGRAM CONTACT				
Check here if same as Director. If not, complete the below:				
PRIMARY CONTACT NAME:	PHONE:	EMAIL:		
TRAINING PROGRAM CONTENT DECLARATION				
As training 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 1.9, Article 3: Training Program Requirements				INITIALS:
I hereby certify under penalty of perjury that 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 training program 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 training program.				
PROGRAM DIRECTOR SIGNATURE:			DATE:	

## PART II: CHECKLIST OF PROGRAM REQUIREMENTS

Pursuant to [§ 100047 Training Program Requirements](#), EMSA "shall receive and review the following prior to program approval". Attach/include the following items with this checklist:

✓	PROGRAM REQUIREMENTS (Evidence of each item must be submitted.)	VERIFIED BY STATE
	<b>A statement verifying that the course content meets the requirements set forth in § 100048 of this Chapter</b> <b>NOTE: PART I of this checklist meets this requirement</b>	
	<b>The name and qualifications of the program director</b> <b>Recommended:</b> Attach resume and evidence of health care profession certification or license which includes administration of epinephrine auto-injector within general scope.	
	<b>The name and qualifications of instructors</b> <b>Recommended:</b> Attach resume and evidence of a current certification in first aid, CPR and AED (certification required per § 100048(a)(3).	
	<b>Outline of course objectives</b> Must include all topics listed in <b>§ 100048. Course Content Requirements</b>	
	<b>A copy of the training course curriculum including any workbooks, videos, textbooks, or handouts used in the course</b> Must cover all topics listed in <b>Part III</b> <b>NOTE: If application is submitted electronically, any videos or electronic documents must be provided on a disc, USB-Drive, or as downloadable attachments.</b>	
	<b>A copy of the final written and skills examinations and scoring sheets</b> Must cover all topics listed in <b>PART III</b>	
	<b>A copy of the course completion document, which includes:</b> <ul style="list-style-type: none"> <li>• The name of the training program,</li> <li>• Name of course,</li> <li>• Name of individual completing the program,</li> <li>• Course completion date,</li> <li>• Signature for class instructor.</li> </ul>	
	<b>The required fee, in the form of a check or money order:</b> <ul style="list-style-type: none"> <li>• <b>\$500</b> for new application,</li> <li>• <b>\$250</b> for changes outside the renewal period,</li> </ul> PAYMENT MUST BE A <b>CHECK OR MONEY ORDER</b> MADE OUT TO: Specialized First Aid Fund	

## PART III: CHECKLIST OF CONTENT REQUIREMENTS

Pursuant to [§ 100048 Course Content Requirements](#), the following subject matter areas must be included in both training and the written and skills examinations for any EMSA-approved Epinephrine training program:

#/mm:ss	CONTENT REQUIREMENTS (Evidence of each item must be included.)	VERIFIED BY STATE
	1. Common causative agents	
	2. Recognition of symptoms of anaphylaxis	
	3. Recognition of signs of anaphylaxis	
	4. Acquisition and disposal of epinephrine auto-injectors	
	5. Maintenance and quality assessment of epinephrine auto-injectors	
	6. Emergency use of an epinephrine auto-injector: <ul style="list-style-type: none"><li>• Indications,</li><li>• Contraindications,</li><li>• Adverse effects,</li><li>• Administration by auto-injector,</li><li>• Dosing,</li><li>• Drug actions,</li><li>• Proper storage, handling, and disposal of used/or expired injectors,</li></ul>	
	7. Good Samaritan law	
	8. Consent Law	
	9. Emergency Care Plans	
	10. Activation of the EMS system by calling 9-1-1	
	11. Commonly available models of epinephrine auto-injectors	
	12. Record keeping requirement as specified in Section 100045(b): Certified persons shall make, maintain, and make available to EMSA upon request a record for five years reflecting: (1) Dates of receipt, use and destruction of each auto-injector dispensed, and (2) The name of any person to whom epinephrine was administered by using an auto-injector, and (3) The circumstances and manner of disposal of any auto-injectors.	
PROGRAM DIRECTOR SIGNATURE, attesting all content is present:		DATE:

## PART IV: ACKNOWLEDGEMENTS

Pursuant to [§ 100047 Course Content Requirements](#), the following subject matter areas must be included in both training and the written and skills examinations for any EMSA-approved Epinephrine training program:

Program Director Initials	REGULATION ACKNOWLEDGEMENTS (Initial to acknowledge each section.)	VERIFIED BY STATE
	(c) All program materials and student records specified in this chapter shall be subject to periodic review, evaluation and monitoring by the EMS Authority.	
	(d) Any person or agency conducting a training program shall notify the EMS Authority in writing within thirty (30) calendar days of any change in program director, instructor, and change of address, phone number, and contact person.	
	(e) Any change to the curriculum once approved, shall be submitted for review and approval by the EMS Authority and shall include the requirements of Section 100048 Subsections (a) and (b) (1)-(12) and subsection (a)(2) of Section 100054	
	(f) The EMS Authority may request additional materials or documentation as a condition of course approval.	
	(g)(1) The training program shall submit an application for renewal at least sixty (60) calendar days before the expiration date of their approval in order to maintain continuous approval.	
PROGRAM DIRECTOR SIGNATURE, attesting all content is present:		DATE:

## STATE USE ONLY

By checking off the aforementioned regulatory requirements, I acknowledge the following Epinephrine Training Program is in full compliance with California Code of Regulations, Title 22, Division 9, Chapter 1.9, Article 3: Training Program Requirements.:

Printed Name (of State Official):

Date:

Signature (of State Official):