## **ADDENDUM A**

## **Provider Application Packet Checklist**

	Applicant (attached)	REMSA (received)	Complete	Incomplete
Completed application for CE				
provider approval (initial or				
renewal)				
Resume of CE Provider				
Program Director				
PD resumes are only required				
for initial applicants and				
renewing applicants whose PD				
is new for this cycle				
Resume of CE Provider Clinical				
Director				
CD resumes are only required				
for initial applicants and renewing applicants whose CD				
is new for this cycle				
Resumes of all course				
instructors, if not already on				
file				
Prospective summary of all CE				
courses to be offered for the				
remainder of the calendar				
year				
Sample course documentation				
• To include, at a minimum: a				
course outline, objectives and				
course / student evaluation				
tools				
Sample advertisement of a				
scheduled CE course				
Renewing applicants only:				
Documentation of program				
CQI processes / program				
improvement				
Signed CE Provider Agreement				

## (REMSA USE ONLY) CE Provider name:

CE Provider number:	#33-	Application received date:	
Reviewed by:		Approved:	Yes / No
Approved date:		If not approved, explain:	
Updated status with EMSA	Yes / No	Updated status with REMSA	Yes / No

## **REMSA USE ONLY**

<b>Program Director Qualifications</b>	Meets	Does not meet	Comment(s)
Education (40 hours):			
<ul> <li>California State Fire Marshal (CSFM)</li> </ul>			
Fire Instructor certification			
a. Prior to December 31, 2016:			
" <u>Fire Instructor 1A and 1B</u> "			
b. On or after January 1, 2017: " <u>Fire Instructor 1</u> "			
EMS Success' EMS Instructor Class			
• EMS University's EMS Instructional			
Strategies course			
NAEMSE Level 1 Instructor Course			
<ul> <li>RC Health Services' EMT Instructor</li> </ul>			
course			
• OTHER:			
Experience:			
Licenses / certifications:			
Clinical Director Qualifications			
Education:			
Experience (min 2 years within the			
last 5):			
<ul><li>Academic</li></ul>			
<ul> <li>Administrative</li> </ul>			
<ul><li>Clinical</li></ul>			
Licenses / certifications:			
<ul><li>Must be a / an:</li></ul>			
<ul><li>Physician</li><li>PA</li></ul>			
O RN O EMT-P			
		•	•
Instructor Qualifications			
Education:			
<ul> <li>Evidence of specialized training</li> </ul>			
<ul> <li>Advanced degree</li> </ul>			
Experience (min 1 year within the			
last 2):			
Specialized area in which they are			
instructing			
<ul> <li>Evidence of knowledge, skill, and</li> </ul>			
current subject matter mastery			
Licenses / certifications:			

Prospective Course Summary	Meets	Does not meet	Comment(s)
Tentative dates and times included			
Tentative locations included			
Tentative CEHs to be awarded, per			
course			
Tentative course classification(s)			
included:			
Instructor based			
Non-instructor based			
Sample Course Documentation			
Lesson plan outline, to include:			
Method of delivery (PPT, video, etc.)			
Title, description, goals and objectives			
of the course			
Date of course     C5 have to be appointed.			
<ul> <li>CE hours to be provided</li> <li>Academic references and resources</li> </ul>			
<ul> <li>Materials / equipment to be used</li> <li>Method of performance evaluation</li> </ul>			
with passing criteria and answer key			
Handouts, if not the main delivery			
resource			
Sample Course Advertisement			
Contact information			
To include, at a minimum:			
o Phone number OR			
<ul><li>Email address OR</li><li>Web address</li></ul>			
Refund policy in cases of			
nonattendance by the registrant or			
cancellation by provider			
A clear, concise description of the			
course, class or activity content			
Objectives and the intended target			
audience (e.g. paramedic, EMT-II, EMT-			
I, First Responder or all)			
CE provider name and number, as officially on file with REMSA			
Specification of the number of CE hours			
to be granted			
,-			
Renewing applicants only:			
Quality Improvement Plan which evaluates			
the effectiveness of the program and the			
courses offered			