## STATE OF FLORIDA DEPARTMENT OF HEALTH

**Bureau of Emergency Medical Oversight**

**APPLICATION FOR APPROVAL OF AN EMERGENCY MEDICAL SERVICES (EMS) TRAINING PROGRAM**

**(Application must be typed or printed)**

**Select only one: EMT Paramedic**

**Part I:**

Name of Institution:

Address of Institution:

Name of Chief Executive Officer:

Primary Instructional Location:

Name of Program Director:

Telephone Number of Program Director: ( ) FAX ( )

Email: @ Institution’s Website (if applicable):

**For Non-Public Schools:** Attach a copy of the current license issued by the Florida Department of Education, Commission for Independent Education to offer the program and evidence of compliance with any other applicable requirements. **Attach as Attachment 1.**

## Part II:

1. **Affiliations** - for conducting hospital and field clinical training:
   1. Name of hospital(s) and other facilities:
   2. Paramedic program’s name of Advanced Life Support EMS Providers: (Must have at least one agreement with a licensed primary 911 response and transport agency)
   3. EMT program’s name of Basic Life Support Providers:
   4. Attach a current written agreement or contract for each hospital and EMS provider agency used for the clinical training of your students. **Attach as Attachment 2.**

## Program of Study:

* 1. Attach a comprehensive list or skill sheets of psychomotor skills required to complete the Training Program. **Attach as Attachment 3.**
  2. Contact hours of each program component:

Didactic Clinical Internship

Field Internship Skills Practice Laboratory

Other areas Contact Hours of Entire Training Program:

* 1. Specify all pre-requisites or co-requisites to the program. **Attach as Attachment 4.**
  2. Specify how you familiarize the students with Chapter 401, Florida Statutes, (F.S.) and Chapter 64J-1, Florida Administrative Code (F.A.C.). **Attach as Attachment 5.**
  3. List each course and the number of hours for each course. **Attach as Attachment 6.**
  4. Clearly define phase one of the paramedic program. **(Paramedic Programs Only) Attach as Attachment 7.**
  5. Submit documentation verifying that the curriculum includes each of the following:
     1. Two hours of instruction on the trauma scorecard methodologies for assessment of adult trauma patients and pediatric trauma patients as required by section 401.2701, Florida Statutes.
     2. Sudden Unexpected Infant Death (SUID) training as required by section 383.3362(3)(a)(b), Florida Statutes.
     3. A comprehensive final written and practical examination evaluating the skills described in the most current US DOT National Education Standards. For EMT’s, these standards are the January 2009 U.S. DOT EMT National EMS Education Standards (see rule 64J-1.008 F.A.C.). For Paramedics these standards are the January 2009 U.S. DOT Paramedic National EMS Education Standards (see rule 64J-1.009 F.A.C.). (Do not send the actual written exam.) **Attach as Attachment 8.**
  6. Specify the student-to-instructor ratio for the skills practice laboratory component of the program

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* 1. Attach a copy of the course syllabus or course outline that is used for the Training Program that will document all areas of Part II, Section 2, of this application. **Attach as Attachment 9.**

## Faculty:

* 1. **Medical Director**:
     1. Name:
     2. Address:
     3. Florida Physician License #: Date Issued:
     4. Provide documentation that the Training Program’s Medical Director has current certifications as required by Rule 64J-1.004, Florida Administrative Code. **Attach as Attachment 10.**
     5. Attach a copy of a current contract between the Training Program and the program’s Medical Director, as required by Rule 64J-1.004, Florida Administrative Code. **Attach as Attachment 11.**
     6. Have the Medical Director clearly state how he/she certifies that graduates have successfully completed all phases of the education program and are proficient in basic or advanced life support techniques as applicable and required by section 401.2701, Florida Statutes. **Attach as Attachment 12.**
     7. Have the Medical Director clearly state how he/she participates in the mid-term evaluation and the final practical examination of students as required by Rule 64J-1.004, Florida Administrative Code. **Attach as Attachment 13.**

## Instructional Staff:

* + 1. Name of Program Coordinator:
    2. Name of Lead Instructor (also known as Primary Instructor):
    3. Name(s) of Adjunct Faculty:
    4. Attach a description of the institution’s qualification requirements for the position and the duties and responsibilities of the Program Director, Program Coordinator, and Lead Instructor(s). **Attach as Attachment 14.**
    5. Submit a CV or resume for the Program Director, Program Coordinator, Lead Instructor(s), and Adjunct Faculty demonstrating they meet the qualifications of Rule 64J-1.0201, Florida Administrative Code. **Attach as Attachment 15.**

## Records:

Attach a list of documents retained in a student’s record as required by section 401.2701, Florida Statutes. **Attach as Attachment 16.**

* These records will be reviewed during the site visit.

## Program Policies:

* 1. Attach a copy of the Training Program’s admission requirements, student handbook, and any printed advertisement(s) referencing the EMT and/or Paramedic Training Program. **Attach as Attachment 17.**
  2. Specify the institution’s definition of course completion. **Attach as Attachment 18.**
  3. Attach a copy of the certificate of completion that is issued to the graduate that includes the course hours and date of completion. **Attach as Attachment 19.**
  4. Attach a description of the institution’s student uniform policy during class, lab, clinical, and field internship that clearly identifies them as a student to the public. **Attach as Attachment 20.**

## Training Program Locations:

* 1. Specify all physical locations of instructions: **Attach as Attachment 21.**
  2. Submit an inventory of the Training Program’s medical equipment and supplies.

(If more than one instructional location, attach an inventory list for each location).

## Attach as Attachment 22.

1. **Required Emergency Medical Technician and Paramedic Training Program Equipment and Supplies:**

**AIRWAY**

Oral pharyngeal airways .......... (Adult, Child, & Infant) Nasal pharyngeal airways........ (Adult, Child, & Infant)

Bag valve mask ....................... (Adult, Child, & Infant)

Pocket mask with one-way valve ..................... (Adult)

## SUCTION

Portable suction unit ...... (Battery Powered & Manual) Connecting tubing.......................................................

Soft tip suction catheters ...........(Sizes 6 - 18 French) Rigid suction tip ..........................................................

Bulb syringe................................................................

## Oxygen (O2) and Supplies

O2 tank with wrench....................................................

Regulator with high flow port ...................................... Bite sticks ...................................................................

High concentration mask ......... (Adult, Child, & Infant)

Simple face mask .................... (Adult, Child, & Infant)

Nasal cannulas ........................(Adult, Child, & Infant) O2 tubing ....................................................................

Nebulizer....................................................................

## DIAGNOSTIC EQUIPMENT

Blood pressure cuffs ..................................................

................ (Thigh, Large Adult, Adult, Child, Infant) Stethoscopes .................................(Adult & Pediatric)

Teaching stethoscopes ..............................................

Thermometer .............................................................

Penlights ....................................................................

## INFECTION CONTROL

Gloves (latex, non-latex & powder free) .... (All Sizes) Disinfectant ................................................................

Biohazard trash bags .................................................

Sharps container\*\* .....................................................

Personal protective equipment ...................................

## PHARMACEUTICALS

Insta glucose ..............................................................

Epi Pen trainer............................................................

Activated charcoal ......................................................

Placebo inhalers .........................................................

Nitroglycerin .................................(May be simulated)

## MEDICAL TRAINING EQUIPMENT

AED trainer with pads\*\* ....................... (Adult & Child)

CPR manikins........................... (Adult, Child & Infant)

Airway manikins\*\*..................... (Adult, Child & Infant) Childbirth manikins\*\* ..................................................

Full body basic life support manikins ... (Adult & Child)

Moulage kit \*\* .............................................................

## IMMOBILIZATION AND EXTRICATION

Non-wood long spine board with straps ......................

.................................................. (Adult & Pediatric)

Short board.................................... (Adult & Pediatric) Vest style immobilization device with straps ............... C-collars ............................... (Adult Child & Pediatric)

Head immobilizers ......................... (Adult & Pediatric) Basket stretcher\*\*.......................................................

Scoop stretcher\*\*........................................................

Car seat\*\* ........................................... (Child & Infant)

Flexible stretcher\*\* .....................................................

Patient restraints.........................................................

## SPLINTS

Traction splints (2 out of the 3) ...... (Adult & Pediatric) Vacuum ............................................ (Assorted sizes)

Air(Assorted sizes) .....................................................

Padded board splints ........................ (Assorted sizes)

## PATIENT TRANSPORT EQUIPMENT

Stretcher with straps (must be capable of multi-level positioning) ............................................................

Stair chair with straps .................................................

## BANDAGES AND DRESSINGS

Elastic bandage ..........................................................

Roller gauze ...............................................................

Non-sterile or sterile sponges ..................................... Abdominal pads..........................................................

Multi trauma dressing .................................................

Non-adherent dressing ...............................................

Petroleum gauze ........................................................

Triangular bandages...................................................

Eye pads ....................................................................

Band-Aids...................................................................

Tape ................................................. (Assorted sizes)

Cold packs..................................................................

Burn sheets ..................................(May be simulated)

OB kits .......................................................................

Tongue depressors ....................................................

## MISCELLANEOUS

Trauma shears ...........................................................

Ring cutter with extra blades ......................................

Emergency/Survival blanket ....................................... Jump bag ...................................................................

Helmets..........................................(Open & Full face)

Football Helmet and Shoulder Pads\*\* ........................

## PARAMEDIC TRAINING PROGRAM EQUIPMENT AND SUPPLIES.

(In addition to equipment and supplies required for EMT Training Programs…)

## AIRWAY

Esophageal intubation detector (2 out of 3) ................ Colorimetric CO2 detector..............(Adult & Pediatric)

Bulb type intubation detector ............................(Adult)

Syringe type intubation detector .......................(Adult)

Endotracheal tubes .............................. (Sizes 2.5 - 8)

Naso-gastric tubes ............................ (Assorted sizes)

Commercial manufactured tube holder.......................

..................................................(Adult & Pediatric)

Laryngoscope handles with batteries .........................

..................................................(Adult & Pediatric)

Laryngoscope with Macintosh and Miller blades (Complete set of each) ...........................................

Replacement laryngoscope light bulbs ....................... Stylettes ............................................ (Assorted sizes)

Lighted Stylettes ...............................................(Adult)

Cricothyrotomy kit\*\*....................................................

Pneumothorax kit\*\* ....................................................

Superglotic airways ....................................................

## OXYGEN AND SUPPLIES

CPAP with Circuits and Mask \*\* .......................(Adult) Automatic Ventilator with Circuits Mask and Peep

Valve\*\*.......................................(Adult & Pediatric)

## DIAGNOSTIC EQUIPMENT

Glucometer with lancets and test strips .........................

## CARDIOLOGY SUPPLIES

Cardiac monitor capable of defibrillation with cables .... Cardiac monitor capable of defibrillation, 12 lead

EKG, pacing, and wave form end title carbon dioxide detector capable of printing .......................

Battery support system with spare batteries ............... EKG paper .................................................................

Rhythm generator capable of generating 3 or 4 lead

displays .................................................................

Rhythm generator capable of generating 12 lead rhythms ..................................................................

## IV AND PHARMACEUTICALS SUPPLIES

IV catheters ........................... (Sizes 22 – 14 gauges)

Butterfly needles............................... (Assorted Sizes) Blood collection tubes.................................................

Vacutainer device with luer adapter ............................ Syringes .............................................. (Sizes 3-20cc)

Hypodermic needles ................... (Sizes 25-18 gauge) Intraosseous Needles .................................................

Practice medication ampoules, vials, and pre-

measured syringes.................................................

Macrodrips IV sets......................................................

Microdrips IV sets .......................................................

IV extension sets ........................................................

3 way stop cocks ........................................................

Buretrol solution set....................................................

IV fluids ......................................................................

IV start kits..................................................................

## ADVANCED LIFE SUPPORT PHARMACOLOGICAL DRUGS

(May be commercially packaged or simulated)

Atropine ................................................. Vasopressin

Dextrose ................................................Procainamide

Furosemide ............................................... Adenosine

Magnesium ................................................... Digoxin

Nalaxone.................................................... Verapamil

Sodium Bicarb............................................. Cardizem

Epi 1:10000..................................... Morphine Sulfate

Epi 1:1000...............................................Nitroglycerin

Lidocaine ........................................................ Aspirin

Amiodarone.......................................... Lidocaine drip

Dopamine ........................................... Dopamine drip

## MEDICAL TRAINING EQUIPMENT

IV trainer ..........................................................(Adult)

Cricothyrotomy manikins\*\* ...............................(Adult)

Intraosseous trainer\*\*................................. (Pediatric) IM and Sub-Q injection trainer\*\* .... (Adult & Pediatric)

Pneumothorax trainer\*\* ....................................(Adult)

Full body advanced life support manikins\*\* ................

............................................(Adult, Child, & Infant)

Consumable parts for all trainers\*\* .............................

............................................(Adult, Child, & Infant)

## MISCELLANEOUS ITEMS

Triage tags .................................................................

Two-way communication radios or walkie-talkie ......... Length-Base resuscitation device...............................

## \*\*Items marked with a double asterisk are not required to be present at all sites during active classes. The program must demonstrate that these items are available from other sites within the program or by written contract with another agency.

1. **Additional Information or Comments: Attach as Attachment 23.**

**Part III:**

**Important Information for the Applicant:**

1. Once this application is deemed accepted by the Department, a site visit will be scheduled. The site visit will consist of a records review and collection of documents that substantiate that the program complies with the US DOT National Education Standard, all applicable Florida Statutes, and all applicable Florida Administrative Code rules.
2. Any changes to Part I or Part II, Section 1 of this application, require submission of a new application and approval. Any changes to Part II, Section 2 of this application require written notification to the Department within 30 days of the change.
3. Application and onsite evaluation must be completed for each location in which instruction occurs.
4. All components of the United States Department of Transportation National Education Standards will be evaluated during the on-site-visit.

## Certification Statement

We, the undersigned representatives of the sponsoring institution described herein, do hereby confirm that our institution meets all the standards for an EMS Training Program as provided in Chapter 401, F.S., and Chapter 64J-1, F.A.C. We further understand that any discrepancies found will subject the institution to corrective action and possibly being denied approval.

Program Director's Signature Date

Name of Person Completing Application

Title

## Submit this completed application form with all requested attachments to:

ATTN: State EMS Education Coordinator Emergency Medical Services

4052 Bald Cypress Way, Bin A-22 Tallahassee, Florida 32399-1722