

**PSFA CPR (PSFA) and Tactical Casualty Care (TCC) TRAINING PROGRAM APPROVAL CHECKLIST**

<b>PROGRAM APPROVAL APPLICATION PROCEDURE</b>	
<b>TRAINING PROGRAM AFFILIATION:</b>	
<b>The Training Program is affiliated with a:</b> <input type="checkbox"/> Statewide PSFA/TCC course approved by CalEMSA <input type="checkbox"/> ARC equivalent first aid class of at least 21 hours AND an AHA equivalent CPR AED healthcare provider course <input type="checkbox"/> Tactical training program course that meets or exceeds all mandatory minimum guidelines outlined in CalEMSA #370 – California Tactical Casualty Care Training Guidelines. <input type="checkbox"/> VCEMS approved EMT or Paramedic training program <input type="checkbox"/> EMR course approved by CalEMSA and developed and authorized by CalFire POST DPR CHP or other statewide public safety agency as determined by CalEMSA	<b>Name of Agency of Affiliation</b>
<b>EDUCATIONAL STAFF</b>	
<input type="checkbox"/> Primary Teaching Staff CV/Resume(s) <input type="checkbox"/> Statement verifying each instructor is proficient in skills taught and qualified to teach by education and/or experience. <input type="checkbox"/> Applicable licenses and/or certifications	
<b>Submission of the following:</b>	<b>Date Received</b>
<input type="checkbox"/> Table of contents listing required information and corresponding page numbers	
<input type="checkbox"/> Written request for program approval IF PSFA: <input type="checkbox"/> Statement verifying AHA equivalent CPR and AED Healthcare Provider, and <input type="checkbox"/> Statement verifying 21 hours of ARC equivalent initial training, and <input type="checkbox"/> Statement verifying a minimum 8-hour retraining course, and IF TCC: <input type="checkbox"/> Statement verifying training course meets the appropriate minimum requirements outlined in CalEMSA #370 IF BOTH PSFA and TCC: <input type="checkbox"/> All requirements outlined above	
<input type="checkbox"/> A detailed course outline	
<input type="checkbox"/> Samples of skills and written exams used for periodic testing	
<input type="checkbox"/> Final psychomotor skills competency testing criteria with pre-established scoring standards	
<input type="checkbox"/> Final cognitive exam with pre-established scoring standards <input type="checkbox"/> Provisions for retraining of public safety first aid personnel in accordance with CCR Section 100022	
<input type="checkbox"/> Location and proposed dates at which the course(s) are to be offered.	
<input type="checkbox"/> Sample attendance record and training roster	
<input type="checkbox"/> Sample of course completion certificate	
As program director for the applicant training program or curriculum, I certify that I will adhere to the State of California EMS Regulations, Guidelines and all applicable VCEMS policies and procedures. Furthermore, I certify that all information submitted with this application is true and correct.	
Signature of PSFA/TCC program representative completing checklist (above)	Date (above)
Typed or printed name (above)	

**VCEMS Use Only**

All Requirements submitted	Date:
Approval letter sent	Date:
Re-approval date	Date