

1. APPLICATION PROCESS

To be considered for accreditation as an EMT -P in Imperial County, a complete application packet shall be submitted to the County EMS Agency. The packet shall include the following:

- Application for Accreditation
- Statement of Eligibility
- California EMT -P License
- California Drivers License
- Application fee

2. ORIENTATION PROCESS

- 2.1 Orientation shall include information and testing on local policies and treatment protocols, radio communications, base and receiving hospitals, and other unique system features. The applicant shall be provided with the information to be tested prior to testing.
- 2.2 Upon submitting an application for accreditation, an EMT -P may begin work immediately in the basic scope of practice. However, until the accreditation process is completed, the EMT -P applicant can only work with a second EMT-P who is already accredited in this county.

3. PRE-ACCREDITATION FIELD EVALUATION

- 3.1 All candidates for accreditation shall complete a field evaluation to determine if the candidate is knowledgeable to begin functioning under local policies and protocols. The field evaluator must be an EMT -P approved by the local EMS agency and must be present with the applicant throughout patient care. A third person must be available to drive an ambulance. The evaluator has the ultimate responsibility for patient care rendered by this EMT -P team. The agency conducting the field evaluation of an EMT -P accreditation applicant must submit a letter accepting such responsibility to the County EMS Agency.
- 3.2 Field evaluations shall be limited to no more than ten (10) ALS calls. This is not to preclude applicants from working in the basic scope of practice as a second EMT -P on a unit during the time when they are not in the pre-accreditation field evaluation.

4. EXPANDED SCOPE OF PRACTICE

- 4.1 Training and testing in any expanded scope of practice skill will focus on local policies, procedures, equipment utilization and other aspects that may differ from another County. The local EMS Agency may choose to delegate this training and testing to other EMS system participants. Testing in the expanded scope of practice may be in written, oral and/or skills format. Repeated training may be required until proficiency is achieved.

- 4.2 Training and testing in the expanded scope of practice must be completed within thirty (30) days from receipt of application for accreditation. The provider agency may do the training and testing on any optional scope if time is a factor.

5. ACCREDITATION

- 5.1 Accreditation shall be continuous as long as the EMT -P maintains a valid license, maintains the appropriate level of education and training, and adheres to local medical care standards and protocols.
- 5.2 The Imperial County EMS Agency may waive portions of the accreditation requirements as deemed necessary and appropriate.

APPROVAL



Bruce E. Haynes, M.D.
EMS Medical Director

**IMPERIAL COUNTY
EMERGENCY MEDICAL SERVICES**

PARAMEDIC

JOHN DOE

CA LICENSE # P-00000

IC ACCREDITATION # 00-000

ISSUED: 00/00/00

**APPLICATION
IMPERIAL COUNTY
PARAMEDIC ACCREDITATION**

Full Name: _____
LAST FIRST MIDDLE

Home Mailing Address: _____
STREET APT. NUMBER

CITY STATE ZIP

Home Phone Number: _____

Paramedic Service Provider Affiliation: _____

CA EMT-P License # _____ **Expiration Date:** _____

Social Security Number: _____

Paramedic Training Program:

<i>NAME OF PROGRAM</i>	
<i>ADDRESS</i>	
<i>CITY</i>	<i>STATE</i>
<i>DATE COURSE COMPLETION</i>	

List all counties in which you have obtained current or previous accreditation.

Have you ever had a certification, license, or accreditation denied, suspended, revoked, or put on probation?

NO

YES

If yes, attach a separate sheet of paper describing each occurrence including date(s) and county(s) of occurrence.

I hereby affirm that all questions have been answered fully to the best of my knowledge. I realize that any errors or omissions would be grounds for denial or revocation of this application or of my accreditation.

SIGNATURE

DATE

Attach copy of your current CA EMT-P license, CA driver's license, and a completed statement of Accreditation Eligibility.

**STATEMENT OF
AFFILIATION WITH SERVICE PROVIDER**

This form is to be completed by the service provider supervisor. Once completed please fax to the EMS Agency at (760) 482-4519.

_____ will be functioning as a _____
(Full Name) (Paid, Volunteer)

_____ for this Department. They will be covered by our liability insurance
(First Responder, EMT-I, II, P, MICN)

while performing these duties. They will be on _____
(Full, Part Time)

status as defined below.

DATE: _____

(Authorized Supervisor)

(Title)

(Name of Service Provider)

Full Time:

A. Employed full time, and primary assignment is to the ambulance, rescue squad or emergency department.

Part Time:

A. Employed full time, and primary assignment not always to the ambulance, rescue squad or emergency department; or

B. Employed part time.

STATEMENT OF CERTIFICATION/ ACCREDITATION ELIGIBILITY

As required by Section 1798.200 of the Health and Safety Code and Title XII California Code of Regulations; all accreditation candidates must read and sign the following:

I _____ certify that none of the following statements are true regarding myself, except as noted after my signature:

1. Committed fraud in the procurement of any required certificate.
2. Required under Section 290 of the Penal Code to register as a sex offender for any offence involving force, duress, threat or intimidation.
3. Habitually or excessively uses or is addicted to narcotics or dangerous drugs, or has been convicted during the preceding seven years of any offense relating to the use, sale, possession or transportation of narcotics or addictive or dangerous drugs.
4. Habitually and excessively uses intoxicating beverages.
5. Has been convicted during the proceeding seven years of any offense punishable as a felony and involving force, violence, of any degree during that period. Is on parole or probation for such offenses or crimes involving force, violence, threat, or intimidation.
6. Has committed any act involving moral turpitude, including fraud or intentional dishonesty for personal gain within the preceding seven years.
7. Has demonstrated irrational behavior or incurred a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that his/her ability to perform the duties normally expected of an EMT-P, EMT-II, or EMT-I may be impaired.
8. Commission or conviction of any fraudulent, dishonest or corrupt act which is substantially related to the qualification, functions, and duties of pre-hospital personnel.
9. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision of this part or the regulation promulgated by the authority pertaining to pre-hospital personnel.

Signed _____

Dated _____

Exceptions: