

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	4520.15
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	Paramedic Training Program	Last Approved Date:	12/14/23
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

Purpose:

- A. To define roles and responsibilities for Sacramento County Emergency Medical Services Agency (SCEMSA) approved Paramedic Training Programs.
- B. The purpose of a Paramedic Training Program shall be:
 1. To prepare individuals to render prehospital Advanced Life Support (ALS) within an organized EMS system; and
 2. To prepare individuals to render critical care transport within an organized emergency medical services (EMS) system.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9
- C. Sacramento County Board of Supervisors, Resolution #2013-0478

Protocol:

- A. Paramedic Training Program Approval:
 1. SCEMSA approved Paramedic Training Programs must keep payment of paramedic training fee current to maintain Paramedic Training Program approval.
 2. The applicant's legal place of business and primary training site shall be within the geographical jurisdiction of Sacramento County.
 3. [The applicant shall submit the completed application, via the SCEMSA Paramedic Training Program Application link, and supporting documentation, at least 60 days prior to the date of the first activity.](#)
 4. SCEMSA shall approve or deny a Paramedic Training Program approval request within thirty (30) working days of receipt. If the provider submitted an incomplete request, missing information will be requested.
 5. Paramedic Training Program approval or disapproval shall be made in writing by SCEMSA to the requesting Paramedic Training Program after receipt of all required documentation. This time period shall not exceed three (3) months.
 6. SCEMSA shall establish the effective date of program approval in writing upon satisfactory documentation of compliance with all program requirements.
 7. Paramedic training program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years subject to the procedure for program approval specified in this policy.
- B. Procedures for Paramedic Training Program Approval
- C. Eligible organizations may submit a completed ~~Paramedic Training Application~~ [Paramedic Training Application](#) to SCEMSA. SCEMSA may deem a training program approved that has been accredited by Commission on Accreditation of Allied Health Education Programs

(CAAHEP) upon submission of proof of such accreditation, ~~without requiring the paramedic training program to submit for review the information required this section.~~, or in the process of receiving accreditation approval by CAAHEP up the recommendation of CoAEMSP in order to operate as an approved paramedic training program.

1. SCEMSA shall receive and review the following prior to program approval:
 2. [Receive a Letter of Review \(LoR\) from CoAEMSP prior to starting classes.](#)
 3. For paramedic training programs, a statement verifying that the course content meets the requirements contained in the [United States \(U.S.\) Department of Transportation \(DOT\) National Education Standards](#), (DOT HS 811 077 ~~AE~~ January 2009).
 4. For Critical Care Paramedic (CCP) programs, a statement verifying that the CCP training program course content meets the requirements contained in California Code of Regulations, Title 22, Division 9, Chapter ~~46~~, § 100160(b) [0.03. § 100092.07](#).
 5. An outline of course objectives.
 6. Performance objectives for each skill.
 7. The name and qualifications of the training program course director, program medical director, and principal instructors.
 8. Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
 9. Provisions for supervised field internship (paramedic training programs only) including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
 10. The location at which the courses are to be offered and their proposed dates.
 11. Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.
 12. Written contracts or agreements between the paramedic training program and provider agencies for student placement for field internship training (paramedic training programs only).
 13. Samples of written and skills examinations administered by the training program for periodic testing.
 14. A final written examination administered by the training program.
 15. Evidence that the training program provides adequate facilities, equipment, examination security, and student record keeping.
- D. It shall be the responsibility of the Paramedic Training Program to submit the SCEMSA Paramedic Training Application for renewal at least sixty (60) days in advance before expiration in order to maintain continuous approval.
- E. Paramedic Training Program approval is non-transferable.
- F. SCEMSA shall submit to the California EMS Authority (EMSA) an outline of program objectives and eligibility on each training program being proposed for approval in order to allow the EMSA to make the determination required by § 1797.173 of the California Health and Safety Code. Upon request by the EMSA, any or all materials submitted by the training program shall be submitted to EMSA.

Policy:

- A. SCEMSA has the primary responsibility for approving and monitoring the performance of paramedic training programs to ensure their compliance with state law, regulations, guidelines and local policy.
- B. SCEMSA approved paramedic training programs shall be obtained and maintain accreditation by the CAAHEP, upon the recommendation of the Committee on Accreditation of Educational

Programs for the Emergency Medical Services Professions (CoAEMSP), in order to continue to operate as an approved paramedic training program.

1. New paramedic training programs shall submit their fee and self-study to CoAEMSP for accreditation within twelve (12) months of the startup of classes and receive and maintain CAAHEP accreditation no later than two (2) years from the date of application to CoAEMSP for accreditation in order to continue to operate as an approved paramedic training program.
2. Paramedic training programs shall provide the following information to all applicants prior to their enrollment in the paramedic training program:
3. The date by which the paramedic training program must submit their application and self-study for initial accreditation or their application for accreditation renewal to CoAEMSP.
4. The date by which the paramedic training program must be initially accredited or have their accreditation renewed by CAAHEP.
5. Failure of the paramedic training program to submit their application and self-study or their accreditation renewal to CoAEMSP by the date specified will result in revocation of program approval by SCEMSA, unless SCEMSA has approved a plan for meeting compliance as provided in the 'Denial or Withdrawal of Paramedic Training Program Approval' section of this policy. When a paramedic training program approval is revoked under this provision, the paramedic training program course director must demonstrate to the satisfaction of SCEMSA that the deficiency for which the program approval was revoked has been rectified before submitting a new application for paramedic training program approval.
6. Failure of the paramedic training program to obtain/maintain CAAHEP accreditation by the required date will result in revocation training program approval by SCEMSA, unless SCEMSA has approved a plan for meeting compliance as provided in the 'Denial or Withdrawal of Paramedic Training Program Approval' section of this policy. When a paramedic training program approval has been revoked under this provision, the paramedic training program course director must demonstrate to the satisfaction of SCEMSA that the deficiency for which the program approval was revoked has been rectified before submitting a new application for paramedic training program approval.
7. Students graduating from a paramedic training program that fails to apply for/obtain/maintain CAAHEP accreditation by the dates required in this policy and applicable regulations are not eligible for California State licensure as a paramedic.
8. Paramedic training programs shall submit to SCEMSA all documents submitted to, and received from, CoAEMSP and CAAHEP for accreditation, including but not limited to, the initial application and self-study for accreditation and the documents required for maintaining accreditation.
9. Paramedic training programs shall submit to the Authority the date their initial application was submitted to CoAEMSP and copies of documentation from CoAEMSP and/or CAAHEP verifying accreditation.
10. SCEMSA shall revoke approval, in accordance with the 'Denial or Withdrawal of Paramedic Training Program Approval' section of this policy, of any paramedic training program which fails to comply with these accreditation requirements.
11. Paramedic training programs shall participate in the SCEMSA Emergency Medical Services Quality Improvement Program (EMSQIP). In addition, an approved paramedic training program, which is conducting a paramedic training program outside the SCEMSA jurisdiction, shall also agree to participate in the EMSQIP of the LEMSAs which has jurisdiction where the training program is being conducted.

- C. Paramedic Training Program requirements will be offered only by approved training programs. Eligibility for program approval shall be limited to:
1. Accredited universities and colleges including junior and community colleges, school districts, and private post-secondary schools.
 2. Medical Training units of the Armed Forces including the Coast Guard of the United States.
 3. Licensed general acute care hospitals, which meet the following criteria:
 - a. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of California Code of Regulations (CCR), Title 22, Division 5.
 - b. Provide continuing education to other health care professionals; and
 - c. Are accredited by Centers for Medicare and Medicaid services approved deeming authority.
 4. Agencies of government.
- D. Teaching Staff:
- Each training program shall have an approved program medical director who shall be a physician currently licensed in the State of California, who has two (2) years' experience in ~~prehospital~~ emergency medical care ~~in the last five (5) years~~, and who is qualified by education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to:
1. Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.
 2. Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
 3. Approval of provision for hospital clinical and field internship experiences.
 4. Approval of principal instructor(s).
- E. Each training program shall have an approved ~~course~~ program director who shall be licensed in California as a physician, a registered nurse who has a baccalaureate degree or a paramedic who has a baccalaureate degree or ~~shall be~~ an individual who holds a baccalaureate degree in a related health field or in education. The ~~course~~ program director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education within the last five (5) years. Duties of the course director shall include, but not be limited to:
1. Administration, organization and supervision of the educational program.
 2. In coordination with the program medical director, approve the principal instructor, teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.
 3. Ensure training program compliance with this chapter and other related laws.
 4. Sign all course completion records.
 5. Ensure that the preceptor(s) are trained according to the CCR, Title 22, Division 9.
- F. Each training program shall have a principal instructor(s), who may also be the program medical director or ~~course~~ program director if the qualifications in subsections (a) and (b) are met, who shall:
1. Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California.
 2. Be knowledgeable in the course content of the [U.S. DOT National Emergency Medical Services Education Standards DOT HS 811 077E](#) ~~A, January 2009~~, herein incorporated by reference; and

3. Have six (6) years' experience in an allied health field and an associate degree or two (2) years' experience in an allied health field and a baccalaureate degree.
4. Be responsible for areas including, but not limited to, curriculum development, course coordination, and instruction.
5. Be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty (40) hours of instruction in teaching methodology. ~~Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:~~
6. ~~California State Fire Marshal (CSFM) "Training Instructor 1A, 1B, and 1C"~~
7. ~~National Fire Academy (NFA) "Fire Service Instructional Methodology" course. Effective February 8, 2016~~
8. ~~A course that meets the U.S. DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the National Association of EMS Educators' EMS Educator Course.~~
- G. Each CCP training program shall have a principal instructor(s) who shall be licensed in California as a physician and knowledgeable in the subject matter, a registered nurse knowledgeable in the subject matter, or a paramedic with current CCP certification or FP certification from the BCCTPC.
- H. Each training program may have a teaching assistant(s) who shall be an individual(s) qualified by training and experience to assist with teaching of the course. A teaching assistant shall be supervised by a principal instructor, the course director and/or the program medical director.
- I. Each training program may have a clinical coordinator(s) who is either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care. Duties of the program clinical coordinator shall include, but need not be limited to the following:
 1. The coordination and scheduling of students with qualified clinical preceptors in approved clinical settings as described in Section M.
 2. Ensuring adequate clinical resources exist for student exposure to the minimum number and type of patient contacts established by the program as required for continued accreditation.
 3. The tracking of student internship evaluation and terminal competency documents.
- J. Each paramedic training program shall have a field preceptor(s) who shall:
 1. Be a certified or licensed paramedic; and
 2. Be working in the field as a certified or licensed paramedic for the last two (2) years; ~~and~~.
 3. Be under the supervision of a principal instructor, the course director and/or the program medical director.
 4. Have completed field preceptor training approved by ~~the Local EMS Agency (LEMSA)~~ ~~SCEMSA and/or comply with the field preceptor guidelines approved by the LEMSAs*~~ in accordance with CAAHEP Standards for the Accreditation of Educational Programs of the EMS Professions (2015). Training shall include a curriculum that will result in the preceptor being competent to evaluate the paramedic student during the internship phase of the training program, and how to do the following in cooperation with the paramedic training program:
 1. Conduct a daily field evaluation of students.
 2. Conduct cumulative and final field evaluations of all students.
 3. Rate students for evaluation using written field criteria.
 4. Identify ALS contacts and requirements for graduation.
 5. Identify the importance of documenting student performance.

6. Review field preceptor requirements contained in ~~this chapter~~ Title 22, Division 9, Chapter 3.3.
 7. Assess student behaviors using cognitive, psychomotor, and affective domains.
 8. Create a positive and supportive learning environment. ~~Effective February 8, 2016~~
 9. Measure students against the standard of entry level paramedics.
 10. Identify appropriate student progress.
 11. Counsel the student who is not progressing.
 12. Identify training program support services available to the student and the preceptor.
 13. Provide guidance and applicable procedures for dealing with an injured student or student who has had an exposure to illness, communicable disease, or hazardous material.
- K. Each training program shall have a hospital clinical preceptor(s) who shall:
1. Be a physician, registered nurse or physician assistant currently licensed in the State of California.
 2. Have worked in emergency medical care for the last two (2) years.
 3. Be under the supervision of a principal instructor, the course director, and/or the program medical director.
 4. Receive ~~instruction~~ training in evaluating paramedic students in the clinical setting. Means of instruction may include, but need not be limited to, educational brochures, orientation, training programs, or training videos, and shall include ~~how to do~~ the following ~~components of instruction in cooperation with the paramedic training program:~~
 - a. Evaluate a student's ability to safely administer medications and perform assessments.
 - b. Document a student's performance.
 - c. Review clinical preceptor requirements contained in this Chapter.
 - d. Assess student behaviors using cognitive, psychomotor, and affective domains.
 - e. Create a positive and supportive learning environment.
 - f. Identify appropriate student progress.
 - g. Counsel the student who is not progressing.
 - h. Provide guidance and applicable procedures for dealing with an injured student or student who has had an exposure to illness, communicable disease, or hazardous material.
 - i. ~~Instructors of tactical casualty care (TCC) topics shall be qualified by education and experience in TCC methods, materials, and evaluation of instruction.~~
- L. Didactic and Skills Laboratory:
1. An approved paramedic training program and/or CCP training program shall assure that no more than six (6) students are assigned to one instructor/teaching assistant during skills practice/laboratory
- M. Hospital Clinical Education and Training for Paramedic:
1. An approved paramedic training program shall provide for and monitor a supervised clinical experience at a hospital(s) that is licensed as a general acute care hospital and holds a permit to operate a basic or comprehensive emergency medical service. The clinical setting may be expanded to include areas commensurate with the skills experience needed. Such settings may include surgi-centers, clinics, jails or any other areas deemed appropriate by SCEMSA. The maximum number of hours in the expanded clinical setting shall not exceed forty (40) hours of the total clinical hours specified in the Paramedic Training Program Required Course Hours" section of this policy.
 2. Hospital clinical training, for an approved CCP training program, should consist of no less than ninety-four hours (94) in the following areas:

- a. Labor & Delivery (8 hours),
 - b. Neonatal Intensive Care (16 hours),
 - c. Pediatric Intensive Care (16 hours),
 - d. Adult Cardiac Care (16 hours),
 - e. Adult Intensive Care (24 hours),
 - f. Adult Respiratory Care (6 hours), and
 - g. Emergency/ Trauma Care (8 hours).
- 3. An approved paramedic training program and/or CCP training program shall not enroll any more students than the training program can commit to providing a clinical internship to begin no later than thirty (30) days after a student's completion of the didactic and skills instruction portion of the training program. The paramedic training program course director and/or CCP training program course director and a student may mutually agree to a later date for the clinical internship to begin in the event of special circumstances (e.g., student or preceptor illness or injury, student's military duty, etc.).
- 4. Training programs, both paramedic and CCP, in nonhospital institutions shall enter into a written agreement(s) with a licensed general acute care hospital(s) that holds a permit to operate a basic or comprehensive emergency medical service for the purpose of providing this supervised clinical experience.
- 5. Paramedic clinical training hospital(s) and other expanded settings shall provide clinical experience, supervised by a clinical preceptor(s). The clinical preceptor may assign the student to another health professional for selected clinical experience. No more than two (2) students shall be assigned to one preceptor or health professional during the supervised clinical experience at any one time. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include the administration of any additional medications, approved by SCEMSA medical director and the director of the Authority, to result in competency. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric, and pediatric patients.
- N. Field Internship Education and Training for Paramedic:
 - 1. A field internship shall provide emergency medical care experience supervised at all times by an authorized field preceptor to result in the paramedic student being competent to provide the medical procedures, techniques, and medications specified in CCR (Title 22, Division 9, Chapter 4 3.3) in the prehospital emergency setting within an organized EMS system.
 - 2. An approved paramedic training program shall enter into a written agreement with a paramedic service provider(s) to provide for field internship, as well as for a field preceptor(s) to directly supervise, instruct, and evaluate the students. The assignment of a student to a field preceptor shall be a collaborative effort between the training program and the provider agency. If the paramedic service provider is located outside the SCEMSA jurisdiction, the training program shall:
 - a. In collaboration with the LEMSAs in which the field internship will occur, ensure that the student has been oriented to that LEMSAs, including local policies and procedures and treatment protocols.
 - b. Contact the LEMSAs where the paramedic service provider is located and report to that LEMSAs the name of the paramedic intern in their jurisdiction, the name of the EMS provider, and the name of the preceptor. The paramedic intern shall be under the medical control of the medical director of the LEMSAs in which the internship occurs.
 - 3. The training program shall be responsible for ensuring that the field preceptor has the experience and training as specified in this policy.

4. The paramedic training program shall not enroll any more students than the training program can commit to providing a field internship to begin no later than 90 days after a student's completion of the hospital clinical education and training portion of the training program. The training program director and a student may mutually agree to a later date for the field internship to begin in the event of special circumstances (e.g., student/preceptor illness/injury, student's military duty, etc.).
 5. For at least half of the ALS patient contacts specified in the 'Paramedic Training Program Required Course Hours' section of this policy, the paramedic student shall be required to provide the full continuum of care of the patient beginning with the initial contact with the patient upon arrival at the scene through release of the patient to a receiving hospital or medical care facility.
 6. All interns shall be continuously monitored by the training program, in collaboration with the assigned field preceptor, regardless of the location of the internship, as described in written agreements between the training program and the internship provider. The training program shall document a student's progress, based on the assigned field preceptor's input, and identify specific weaknesses of the student, if any, and/or problems encountered by, or with, the student. Documentation of the student's progress, including any identified weaknesses or problems, shall be provided to the student at least twice during the student's field internship.
 7. No more than one (1) trainee, of any level, shall be assigned to a response vehicle at any one time during the paramedic student's field internship.
- O. Required Course Hours:
1. The total paramedic training program shall consist of not less than one thousand and ninety (10904) hours. These training hours shall be divided into:
 - a. A minimum of four-hundred and fifty-four (4504) hours of didactic instruction and skills laboratories that shall include not less than four (4) hours of training in tactical casualty care principals as specified in California Code of Regulations Title 22, Division 9, Chapter 3.3, Article 3;
 - b. The hospital clinical training shall consist of no less than one-hundred and sixty (160) hours and the field internship shall consist of no less than four-hundred and eighty (480) hours.
 2. The student shall have a minimum of forty (40) ALS patient contacts during the field internship as specified in Title 22, Division 9, Chapter 3.3, Section 100153 100092.06. An ALS patient contact shall be defined as the student performance of one or more ALS skills, except cardiac monitoring and Cardiopulmonary Resuscitation (CPR), on a patient.
 3. When available, up to ten (10) of the required ALS patient contacts may be satisfied through use of high-fidelity adult simulation patient contacts.
 4. Students Shall document patient contacts utilizing EHR system under supervision of the preceptor.
 - a. Students shall perform the roll of team lead during a field internship and meet a minimum of twenty (20) documented experiences. A team lead is defined, as a minimum of and shall not be prompted by preceptor:
 - i. Lead coordination of field personnel
 - ii. Formulation of field impression
 - iii. Comprehensively assess patient condition and acuity
 - iv. Directing and implementing patient treatment
 - v. Determining patient disposition
 - vi. Leading the packaging and movement of the patient

5. The minimum hours shall not include the following:
 - a. Course material designed to teach or test exclusively EMT knowledge or skills including CPR.
 - b. Examination for student eligibility.
 - c. The teaching of any material not prescribed in Title 22, Division 9, Chapter 3.3, Section ~~100155 of this Chapter~~ 100092.07.
 - d. (4) Examination for paramedic licensure.
 6. The total CCP training program shall consist of not less than two-hundred and two (202) hours. These training hours shall be divided into:
 - a. A minimum of one-hundred and eight (108) hours of didactic and skills laboratories; and
 - b. No less than ninety-four (94) hours of hospital clinical training as prescribed in Title 22, Division 9, Chapter 4 3.3.
 - i. For at least half of the ALS the required forty (40) patient contacts, the paramedic student shall be required to provide the full continuum of care of the patient beginning with the initial contact with the patient upon arrival at the scene through transfer of care to the hospital personnel.
- P. Required Course Content:
1. The content of a paramedic course shall meet the objectives contained in the U.S. DOT National EMS Education Standards (DOT HS 811 077A-E, January 2009), to result in the paramedic being competent in the paramedic basic scope of practice specified in CCR (Title 22, Division 9, Chapter 4-3.3, § 100091.02 ~~100155(a)~~). ~~The DOT HS 811 077A-E, can be accessed through the U.S. National Highway Traffic Safety Administration at the following website address:~~
<https://www.ems.gov/pdf/education/Emergency-Medical-Technician-Paramedic/Paramedic-1998.pdf>
 2. In addition to the above, the paramedic training program shall include a minimum of four (4) hours of tactical casual care (TCC) principals applied to violent circumstances, as specified in Title 22, Division 9, Chapter 3.3, § 100091.07, (b).
 3. The content of the CCP course shall include all items specified in California Code of Regulations (Title 22, Division 9, Chapter 4 3.3).
- Q. Paramedic Training Program Required Testing:
1. Paramedic and/or CCP training programs shall include periodic examinations and final comprehensive competency-based examinations to test the knowledge and skills specified in this policy and current regulations.
 2. Successful performance in the clinical and field setting shall be required prior to course completion.
- R. Paramedic Student Eligibility:
1. To be eligible to enter a paramedic training program, an individual shall meet the following requirements:
 - a. Possess a high school diploma or general education equivalent; and
 - b. Possess a current healthcare provider level CPR card; and
 - c. Possess one of the following:
 - i. A current EMT certificate or NREMT-EMT registration; or
 - ii. A current AEMT certificate in the State of California; or
 - iii. Be currently registered as an EMT-Intermediate with the NREMT.
 2. To be eligible to enter a CCP training program an individual shall be currently licensed, and accredited, in California as a paramedic with three (3) years of basic paramedic practice.

S. Course Completion Record:

1. Approved paramedic training program and/or CCP training program shall issue a tamper resistant course completion record to each person who has successfully completed the paramedic training program and/or CCP training program. The course completion record shall be issued no later than ten (10) working days from the date of the student's successful completion of the paramedic training program and/or CCP training program.
2. The course completion record shall contain the following:
3. The name of the individual.
4. The date of completion.
5. The following statement:
 - a. "The individual named on this record has successfully completed an approved paramedic training program", or
 - i. "The individual named on this record has successfully completed an approved Critical Care Paramedic training program.
 - b. The name of the paramedic training program or CCP training program approving authority, depending on the training program being taught.
 - c. The signature of the course director.
 - d. The name and location of the training program issuing the record.
 - e. The following statement in bold print: **"This is not a paramedic license."**
 - f. For paramedic training, a list of local optional scope of practice procedures and/or medications approved pursuant to subsection (c)(2) (A)-(D) of
 - i. Section ~~100146~~ 100091.02 taught in the course (on back of certificate).
 - g. For CCP training, a list of procedures and medications approved pursuant to subsection (c) (1)(S) (1-10) of Section ~~100146~~ 100091.02 taught in the course (on back of certificate).

T. Withdrawal of Program Approval:

1. Noncompliance with any of the criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this policy and / or the relevant sections of CCR Title 22, Division 9, may result in suspension or revocation of program approval by SCEMSA. An approved Paramedic Training Program shall have no more than sixty (60) days from date of written notice to comply with this policy.
2. Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:
 - a. SCEMSA shall notify the approved paramedic training program course director in writing, by certified mail, of the provisions of this policy with which the paramedic training program is not in compliance.
 - b. Within fifteen (15) days of receipt of the notification of noncompliance, the approved paramedic training program shall submit in writing, by certified mail, to SCEMSA one (1) of the following:
 - i. Evidence of compliance with the provisions of this policy, or
 - ii. A plan for meeting compliance with the provisions of this policy within sixty (60) days from the day of receipt of the notification of noncompliance.
 - c. Within fifteen (15) days of receipt of the response from the approved paramedic training program, or within thirty (30) days from the mailing date of the noncompliance notification if no response is received from the approved paramedic training program, SCEMSA shall notify the EMS Authority and the approved paramedic training program in writing, by certified mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the paramedic training program approval.

- d. If SCEMSA decides to suspend or revoke the paramedic training program approval, the notification specified in this section shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) days from the date of SCEMSA's letter of decision to the EMS Authority and the paramedic training program.

U. Record Keeping:

1. Each approved Paramedic Training Program shall maintain for four (4) years:
 - a. Records of each course offered, including but not limited to, course title, course objectives, and course outlines, qualification of instructors, dates of instruction, location, participation sign-in rosters, and course completion records issued.
 - b. Summaries of test results, course evaluations, or other methods of evaluation. The type of evaluation used may vary according to the instructor, content or program, number of participants and method of presentation.

V. Advertisement:

1. A copy of all advertisements disseminated to the public shall be sent to SCEMSA and the LEMSA in whose jurisdiction the course is presented prior to the beginning of the course/class.
2. Information disseminated by approved Paramedic Training Programs publicizing Paramedic courses must include, at a minimum, the following:
 - a. Provider's policy on refunds in case of non-attendance by the registrant or cancellation by provider, if applicable
 - b. Provider name, as officially on file with the approving agency.

W. Site Inspections:

1. Approved Paramedic Training Programs shall be subject to periodic site inspections by SCEMSA staff. Inspections may include, but are not limited to:
 - a. Inspections of individual student records.
 - b. Attendance in classroom or laboratory sessions.
 - c. Attendance in testing sessions.

X. Satellite Training Programs:

1. A Satellite program is an off-campus location(s) that is advertised or otherwise made known to individuals outside the sponsor. The off-campus location(s) must offer all of the professional didactic and laboratory content of the program. A satellite does not pertain to the sites used by completing on-line/distance education program for individual students. Satellite(s) are included in the CAAHEP accreditation of the sponsor and function under the direction of the Key Personnel of the program. Committees on Accreditation may establish additional requirements that are consistent with CAAHEP Standards and policies.
2. Approved SCEMSA Paramedic Training Programs with satellite Paramedic Training Programs outside of the jurisdiction of Sacramento County shall:
 - a. Apply all provisions of this policy to satellite training programs.
 - b. Agree to participate in the emergency medical services system Quality Improvement Program (QIP) of the LEMSA which has jurisdiction where the satellite Paramedic Training Program is being conducted.