PARAMEDIC ACCREDITATION

I. PURPOSE
This policy establishes the requirements for accreditation as a Paramedic by the San Mateo County EMS Agency.

II. AUTHORITY
California Health and Safety Code, Title 22, Division 9, Chapter 4, Article 5 § 100166

III. DEFINITIONS
Emergency Medical Services Agency ("LEMSA") [or "Agency"]: The San Mateo County EMS Agency is designated as the Local Emergency Medical Services Agency (LEMSA) and is statutorily charged with primary responsibility for administration and medical control of emergency medical services in San Mateo County.

Field Training Officer ("FTO"): A licensed and San Mateo County accredited paramedic with a minimum of two year’s full-time equivalent experience, eighteen months of which must be within San Mateo County; paramedic license and accreditation must be in good standing with the State and County.

Paramedic: A licensed prehospital care provider who operates within the ALS scope of practice.

IV. REQUIREMENTS FOR PARAMEDIC ACCREDITATION
A. The following requirements apply to all applicants who request paramedic accreditation by the San Mateo County EMS Agency:
1. Provide a current government-issued photo ID (e.g., driver license or identification card issued by any State of the United States, United States military ID card, or United States issued passport);
2. Provide documentation of a current and valid California paramedic license;
3. Complete an American Heart Association ("AHA") Basic Life Support ("BLS") cardiopulmonary resuscitation ("CPR") course that has not exceeded the recommended date for renewal;
4. Complete an AHA Advanced Cardiovascular Life Support (“ACLS”) course that has not exceeded the recommended date for renewal;

5. Complete an AHA Pediatric Advanced Life Support (“PALS”) course or an American Academy of Pediatrics (“AAP”) Pediatric Education for Prehospital Providers (“PEPP”) course that has not exceeded the recommended date for renewal;

6. Complete a National Association of Emergency Medical Technicians (“NAEMT”) Prehospital Trauma Life Support (“PHTLS”) Provider training course or an American College of Emergency Physician’s (“ACEP”) endorsed International Trauma Life Support (“ITLS”) trauma training course that has not exceeded the recommended date for renewal. Effective June 30, 2025, PHTLS Provider will be the only authorized trauma training course accepted;

7. Be actively employed by a LEMSA authorized advanced life support (ALS) service provider agency or the LEMSA;

8. Attend a LEMSA EMS system orientation as prescribed by the LEMSA. The entry level paramedic shall not perform any aspect of the local optional scope of practice and is therefore limited to the basic paramedic scope of practice prior to successful completion of a LEMSA approved EMS system orientation;

9. Complete an electronic application for paramedic accreditation through the LEMSA’s online license management system [https://smchealth.imagetrendlicense.com/] within ninety (90) calendar days of hire or assignment as a paramedic within the San Mateo County EMS system, including payment of the established LEMSA accreditation fee;

10. Successfully pass the LEMSA’s paramedic accreditation examination covering local policy and protocol with a score of 80% or greater. Results of the exam are valid for six (6) months. The candidate shall have no more than three (3) attempts to successfully pass the paramedic accreditation examination within a three hundred sixty-five (365) calendar day period. After the third failed attempt, the candidate shall wait a minimum of three hundred sixty-five (365) calendar days from the last day of the paramedic accreditation examination, is required to start the accreditation process from the beginning, is not accredited, and therefore not permitted to work as a paramedic (entry level basic scope or local optional scope) in San Mateo County’s EMS system.
11. Each entry level paramedic shall be directly supervised at all times by a Field Training Officer (FTO) designated by the LEMSA authorized ALS service provider agency when functioning as a paramedic until such time as accreditation of the entry level paramedic by the LEMSA is attained. The FTO shall be ultimately responsible for the care delivered by the entry level paramedic;

12. Successfully complete a Field Evaluation under the direct supervision of an FTO. The field evaluation shall be comprised of a minimum of five (5) but no more than ten (10) ALS contacts within a period of thirty (30) consecutive calendar days beginning with the date of submission of the electronic application for paramedic accreditation. The purpose of the field evaluation is to determine if the paramedic is able to successfully function under local protocols, policies and procedures;

13. LEMSA authorized advanced life support (ALS) service provider agencies shall complete a capstone review of the supervised field evaluation and provide documentation to the LEMSA recommending approval or denial of the application for accreditation, which shall include:

   a. FTO’s evaluation of each ALS patient contact performed;

   b. Attest that the paramedic is knowledgeable to begin functioning under local policies and procedures by completing the Paramedic Knowledge Validation Checklist.

14. The LEMSA Medical Director shall evaluate any candidate who fails to successfully complete the field evaluation and may recommend further evaluation or training to ensure the paramedic is competent; and

15. No more than three (3) attempts to complete accreditation are permitted per three hundred and sixty-five (365) calendar day period. After the third failed attempt the candidate shall wait a minimum of three hundred and sixty-five (365) calendar days from the last day of the field evaluation, is required to start the accreditation process from the beginning, is not accredited and therefore not permitted to work as a paramedic (entry level basic scope or local optional scope) in San Mateo County’s EMS system.
V. WITHDRAWAL OF APPLICATION/ ABANDONED APPLICATION
A. A completed application that has been submitted to the LEMSA may not be withdrawn.

B. An incomplete application that has not been completed within 30 days from the date initiated will be deemed abandoned and any fees paid will be forfeited. An applicant who has had a prior abandoned application will be required to start the application process again, including payment of applicable fees.

VI. ISSUANCE OF ACCREDITATION
A. Upon completion of items listed in Section IV(A) above, the applicant shall be considered for accreditation as a paramedic by the LEMSA. Verification of accreditation will be sent by the LEMSA to the applicant and the LEMSA authorized advanced life support (ALS) service provider agency within thirty (30) days of receipt of a complete application by the LEMSA.

B. The LEMSA medical director on a case-by-case basis, retains the discretion, subject to confirming compliance with IV(A)(1-10) of this policy, to authorize accreditation of a paramedic possessing documented considerable direct patient care experience and the clear ability to competently practice independently at the advanced life support level within the prehospital setting. Candidates who may be considered shall also demonstrate sound decision making and strong leadership capability, as may be supported by possession of advanced clinical credentialing at the registered nurse or physician level and/ or the possession of other relevant graduate level degree(s).

VII. REQUIREMENTS FOR MAINTAINING ACCREDITATION
A. Paramedic accreditation to practice in San Mateo County shall be continuous if the accredited paramedic meets the following requirements:
   1. Provide a current government-issued photo ID (e.g., driver license or identification card issued by any State of the United States, United States military ID card, or United States issued passport);
   2. Continuously possesses a valid California paramedic license, AHA BLS, ACLS, PALS/ PEPP, and a County-approved trauma credential. Effective June 30, 2025, PHTLS Provider will be the only authorized trauma training credential accepted;
   3. Maintains continuous employment as a paramedic with a LEMSA authorized ALS service provider or within the LEMSA.
4. Has completed each annual LEMSA required policy, procedure, and protocol update after attaining initial accreditation.

B. Complete an electronic application for paramedic reaccreditation through the LEMSA’s online license management system [https://smchealth.imagetrendlicense.com/] within thirty (30) calendar days of California paramedic licensure renewal;

C. Continuous accreditation shall be verified and authorized by the LEMSA every two (2) years in a period that coincides with the paramedic’s California paramedic licensure.

VIII. PREHOSPITAL PERSONNEL RETURNING FROM LEAVES OF ABSENCE
Prehospital personnel whose paramedic accreditation expired during an employer approved leave of absence from a LEMSA authorized ALS service provider agency must complete a reaccreditation application in accordance with this policy within 30 days of return to work. The paramedic may continue to function in accordance with the full local scope of practice for up to 30 days as long as her/his California paramedic license remains active and in good standing and the ALS service provider agency has notified the LEMSA of the return to work.

IX. SUSPENSION/REVOCATION/TRANSFER OF ACCREDITATION
A. The LEMSA medical director may suspend or revoke accreditation if the paramedic does not maintain current licensure or meet local accreditation requirements.

B. Paramedic accreditation is revoked upon termination of employment or when the paramedic no longer meets the eligibility for maintaining accreditation.

C. Transfer of accreditation is permissible if the paramedic:
   1. Becomes actively employed with a new LEMSA authorized advanced life support (ALS) service provider agency within three hundred and sixty-five (365) calendar days; and
   2. Meets the eligibility requirements for continuous accreditation under sections VII(A)(1) and VII(A)(3).

X. CHANGE OF ADDRESS
The Paramedic shall be responsible for notifying LEMSA of her/his proper and current mailing address and shall notify LEMSA in writing within thirty (30) calendar days of any and all changes of the mailing address utilizing the Demographic Change Form through the LEMSA’s online license management system [https://smchealth.imagetrendlicense.com/].