

# SAN MATEO COUNTY HEALTH SYSTEM EMERGENCY MEDICAL SERVICES AGENCY



## First Aid/CPR Training Program Application Packet

Submit completed application and supporting documentation to:

**By Mail:** **San Mateo County EMS Agency**  
Attn: First Aid/CPR Training Program Application  
801 Gateway Blvd., Ste. 200  
South San Francisco, CA 94080  
Phone: (650) 573-2564

**By Email:** [lallington@smcgov.org](mailto:lallington@smcgov.org)  
[gfahey@smcgov.org](mailto:gfahey@smcgov.org)

## First Aid/CPR Training Program Checklist

Description	Provider Checklist	EMS Use Only
First Aid/CPR Training Program Application – completed and signed		
Signed Program Director Form and résumé		
Signed Instructor Form, résumé and supporting documentation (for each instructor)		
Course schedule and frequency		
Detailed initial course outline, including hours (21 hours min)		
Detailed retraining course outline, including hours (8 hours min)		
Course location(s)		
Description of facilities and equipment		
Final written examination(s), with pre-established scoring standards		
Skill competency testing examination, with pre-established scoring standards		
Policies for attendance, record keeping, exam security		
Sample of course completion certificate (consistent with Title 22, Div 9, Ch 1.5, § 100029)		
Sample retraining course completion certificate (compliant with Title 22, Div 9, Ch 1.5, § 100029)		
<b>EMS Agency Use Only</b>		

---

**Review by**

---

**Date Approved**

---

**Date Expires**

## First Aid/CPR Training Program Application

<b>Name of Training Program:</b>					<b>Type of Entity</b>
<b>Street Address:</b>					
<b>City:</b>			<b>State:</b>		<b>Zip:</b>
<b>Telephone:</b>				<b>Fax:</b>	
<b>Website:</b>					
<b>Program Director:</b>					
<b>Course Curriculum Verification</b>					
<input type="checkbox"/>	I verify that the First Aid/CPR course content is equivalent to the standards of the American Red Cross and healthcare provider level CPR and AED equivalent to the standards of the American Heart Association, as well as the requirements of <a href="#">California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100017</a> .				
<input type="checkbox"/>	I agree to notify the San Mateo County EMS Agency in writing of any change in approved instructors throughout the term of this program approval.				
<input type="checkbox"/>	I agree that San Mateo County EMS Agency staff may audit any course, or may request training program records at any time to verify compliance with State regulations				

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and that I have read and understand the responsibilities and expectations of a First Aid/CPR training program as outlined in CA Code of Regulations, Title 22, Division 9, Chapter 1.5 (First Aid and CPR Standards and Training for Public Safety Personnel).

\_\_\_\_\_  
**Program Director Signature**

\_\_\_\_\_  
**City/State**

\_\_\_\_\_  
**Date**

## Program Director Information

*(a) Each Public Safety First Aid and CPR training program shall have an approved program director who duties shall include, but not be limited to:*

- (1) Administering the training program.*
- (2) Approving course content.*
- (3) Approving all written examinations and the final skills examination.*
- (4) Approving the instructor(s)*
- (5) Maintaining a current list of instructors with the San Mateo County EMS Agency*
- (6) Signing all course completion records.*
- (7) Assuring that all aspects of the training program are in compliance with Chapter 1.5, Division 9, Title 22 and other related laws.*

<b>Name:</b>		<b>Title:</b>	
<b>Organization:</b>			
<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip:</b>	
<b>Telephone:</b>		<b>Email:</b>	
<b>Professional License/Certification Type:</b>			<b>Expiration:</b>
<b>Teaching Credential(s):</b>			

I hereby certify that I meet the qualifications for Program Director as listed above and have attached documentation demonstrating my qualifications. I have read and understand the duties of a Program Director and the requirements for a Public Safety First Aid and CPR training program as specified in State regulation.

---

**Program Director Signature**

---

**City/State**

---

**Date**

## Instructor Information

- (a) Training in public safety first aid and CPR for the personnel specified in Section 100014 of this Chapter shall be conducted by an instructor who is:
- (1) Proficient in the skills taught; and
  - (2) Qualified to teach by education and/or experience.
- (b) Validation of the instructor's qualifications shall be the responsibility of the agency whose training program has been approved by the approving authority pursuant to Sections 100023 and 100024 of this Chapter. (California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100028)

<b>Name:</b>		<b>Title:</b>	
<b>Organization:</b>			
<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>		<b>Email:</b>	
<b>Professional License:</b>			<b>Expiration:</b>
<input type="checkbox"/> MD	<input type="checkbox"/> RN	<input type="checkbox"/> EMT-P	<input type="checkbox"/> Physician Asst.
<input type="checkbox"/> Advanced EMT	<input type="checkbox"/> EMT	<input type="checkbox"/> Other	
<b>Explanation of Qualifications:</b>			

I hereby certify that I meet the qualifications for Instructor as listed above and have attached documentation demonstrating my qualifications. I have read and understand the duties of a Program Director and the requirements for a Public Safety First Aid and CPR training program as specified in State regulation.

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**City/State**

\_\_\_\_\_  
**Date**

**Approved by:**

\_\_\_\_\_  
**Program Director Signature**

\_\_\_\_\_  
**Date**

# Description of Training Program

*Curriculum for First Aid/CPR Public Safety Training Programs must meet the requirements set forth in [California Code of Regulations, Title 22, Chapter 1.5.](#)*

**Please provide a detailed description of the training program. Attach any supporting documents. Description and attachments shall include:**

- Course schedule and frequency
- Detailed course outline, with hours (21 hours min)
- Facilities and equipment used
- Written and skills competency examinations, with scoring standards
- Policies for attendance, record keeping, and exam security
- Copy of course completion certificate

## Description of Training Program – Cont.

## Course Location

Include information listed below for all training locations within San Mateo County (attach additional sheets as needed).

Proposed Course Dates:							
Class Site Street Address:							
City:		State:		Zip:			
Instructor							

Proposed Course Dates:							
Class Site Street Address:							
City:		State:		Zip:			
Instructor							

Proposed Course Dates:							
Class Site Street Address:							
City:		State:		Zip:			
Instructor							

Proposed Course Dates:							
Class Site Street Address:							
City:		State:		Zip:			
Instructor							

Proposed Course Dates:							
Class Site Street Address:							
City:		State:		Zip:			
Instructor							

Proposed Course Dates:							
Class Site Street Address:							
City:		State:		Zip:			
Instructor							



## Description of Retraining Course

*(a) The retraining requirements of this Chapter shall be satisfied every two years by successful completion of:*

*(1) An approved retraining course which includes a review of the topics and demonstration of skills prescribed in this Chapter and which consists of no less than eight (8) hours of first aid and CPR including AED every two (2) years; or*

*(2) By maintaining current and valid licensure or certification as an EMR, EMT, Advanced EMT, Paramedic, Registered Nurse, Physician Assistant, Physician or by maintaining current and valid EMR, EMT, AEMT or Paramedic registration from the National Registry of EMTs; or*

*(3) Successful completion of a competency based written and skills pretest of the topics and skills prescribed in this Chapter with the following restrictions:*

*(A) That appropriate retraining be provided on those topics indicated necessary by the pretest, in addition to any new developments in first aid and CPR;*

*(B) A final test be provided covering those topics included in the retraining for those persons failing to pass the pretest; and*

*(C) The hours for the retraining may be reduced to those hours needed to cover the topics indicated necessary by the pretest.*

*(b) The entire retraining course or pretest may be offered yearly by any approved training course, as defined in Section 100023, but in no event, shall the retraining course including CPR and AED or pretest be offered less than once every two (2) years. (California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100022)*

**Please provide a detailed description of the re-training program. Attach any supporting documents.**

**Description and attachments shall include:**

- Course schedule and frequency
- Course outline, with hours (8 hours min)
- Facilities and equipment used
- Written and skills competency examinations, with scoring standards
- Policies for attendance, record keeping, and exam security
- Copy of course completion certificate

## Description of Retraining Course – Cont.