



EL DORADO COUNTY EMERGENCY MEDICAL SERVICES AGENCY

PUBLIC SAFETY FIRST AID (PSFA) TRAINING PROGRAM APPLICATION

☐ Initial		☐ Renewal	
Individual or Organization:			
Street Address:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Training Program Principal Instructor(s):			
Training Program Teaching Assistant(s):			
I verify that the training program meets or exceeds the public safety first aid and CPR course content requirements listed in section 100017, of Chapter 1.5, of Division 9, of Title 22, of the California Code of Regulations. I further certify that the program will utilize the appropriate instructor-to-student ratio (at least one principal instructor or teaching assistant for each 10 students during skills practice/laboratory sessions), and that appropriate equipment and adequate classroom space will be available for all instructional activities.			
_____ Name/Title	_____ Signature	_____ Date Submitted	

See Page 2 For PSFA Training Program Application Checklist



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PUBLIC SAFETY FIRST AID (PSFA) TRAINING PROGRAM CHECKLIST

DESCRIPTION	ENCLOSED	APPROVED
Training Program Application – completed and signed		
Training program principal instructor(s) resume		
Detailed course outline		
Final written examination with pre-established scoring standards		
Skills competency testing criteria with pre-established scoring standards		
Final written examination with pre-established scoring standards		
Sample of the proposed certificate or written verification of course completion		
Description of the program facilities, equipment, examination security and student record keeping (Note: additional evidence of compliance with these items, including initial or periodic site visit(s) by El Dorado County EMS staff may be required)		
Training program approval fee		
El Dorado County EMS Agency Approval		
_____	_____	_____
Name/Title	Signature	Date Approved