

***Pre-Hospital Continuing Education Provider
Policies and Procedures (8001.00)***

I. GENERAL PROVISIONS:

- A. The purpose of these policies and procedures is to establish local requirements for Prehospital Continuing Education Provider (PCEP) application, approval, program operational procedures, documentation and requirements for EMT and paramedic continuing education.
- B. Any individual or organization that intends to provide authorized continuing education for EMT or paramedic personnel shall successfully complete the Division application process for PCEP and shall have a valid authorization from the Division to provide continuing education (CE) programs for prehospital personnel in compliance with these policies and procedures.
- C. The authorized PCEP shall maintain appropriate training, credentials and experience in educational principles in order to ensure that CE programs adequately address the educational needs of prehospital personnel within the Kern County prehospital care system in accordance with these policies and procedures.
- D. These policies and procedures are developed under the authority of Sections 1797.214, and 1797.220, of the California Health and Safety Code and Title 22, Division 9, Chapter 11 of the California Code of Regulations (CCR).

II. PCEP APPLICATION, APPROVAL AND RENEWAL:

- A. PCEP Application Process:
 - 1. The Division is the local approving authority for PCEP's whose base of operation is located within the jurisdictional boundaries of the Division. Any individual or organization, public or private, interested in providing approved CE for prehospital personnel (EMT/paramedic) within the jurisdiction of Kern County, shall apply to the Division for PCEP approval.
 - 2. Interested parties shall submit a completed application packet to the Division for consideration as an authorized Kern County PCEP.
 - 3. Application Requirement: To become an authorized Kern County PCEP, the following requirements must be satisfied:
 - a. The applicant shall submit a completed application packet to the Division at least sixty (60) calendar days prior to the date of the first CE

activity. The applicant cannot provide authorized continuing education until approved by the Division.

b. Minimum Application Content:

- i. Provider name and base of operation address;
- ii. Type of entity or organization;
- iii. Name and resume of the program director;
- iv. Name and resume of the clinical director;
- v. A signed statement verifying adherence to CCR Title 22 and Division policies; and
- vi. Designation of eligible skills competency verification signors.

B. PCEP Approval Process:

1. The Division may specify additional PCEP provider application requirements be submitted prior to Division application action.
2. The Division will provide notice of receipt to the applicant within fourteen (14) working days of receiving the completed application packet and shall specify what, if any, information is missing.
3. The Division will notify the applicant in writing within sixty (60) calendar days from the receipt of a complete application of the decision to approve or disapprove. If the application is disapproved, the reason(s) will be specified.
4. Failure to submit Division requested information within thirty (30) calendar days of request will require the applicant to reapply for PCEP status.
5. The Division may deny a PCEP application for cause as specified in Section VI of these policies.
6. The Division will issue a "PCEP number" to approved PCEP applicants in accordance with state regulations and these policies.
7. PCEP authorization shall be valid for not more than two (2) years. The expiration date of an authorized PCEP shall be no more than two years from the last day of the month in which the application is approved.
8. If a Kern County authorized PCEP relocates its base of operations to another jurisdiction, the local EMS agency of that county or region shall assume jurisdictional authority and may require the PCEP to reapply for local PCEP authorization. The Division at its discretion may choose to revoke or deny renewal of the PCEP's authorization, based on the

Division's inability to monitor the PCEP and/or the PCEP's inaccessibility to Kern County prehospital personnel, created by the relocation.

9. The California EMS Authority (Authority) shall be the approving agency for PCEP's whose base of operations is outside of state boundaries and for statewide public safety agencies.
10. PCEP approval is non-transferable.
11. The Division may monitor the compliance of the approved PCEP to the standards established by these policies.
12. When a provider is approved by the Division, the PCEP is approved to conduct CE courses statewide.

C. PCEP Renewal Process:

1. The PCEP is responsible for submitting an application for renewal at least sixty (60) calendar days before the PCEP expiration date in order to maintain continuous approval.
2. Minimum Application Content:
 - a. Provider name and base of operations address
 - b. The name and resume of the program director
 - c. The name and resume of the clinical director
 - d. A signed statement verifying adherence to CCR Title 22 and Division policies
 - e. Designation of eligible skills competency verification signors
 - f. The number of CE courses conducted by the PCEP in the previous two years.
3. The Division may specify additional PCEP provider application renewal requirements to be submitted prior to Division application action.
4. Failure to submit requested information within thirty (30) calendar days of request will suspend PCEP authorization and require the applicant to reapply for PCEP status.
5. PCEP renewal authorization shall be valid for no more than two (2) years. The expiration date of an authorized PCEP shall be no more than two years from the last day of the month in which the renewal is approved.
6. The Division will renew PCEP approval if all requirements are met.

7. The Division may deny a PCEP application for renewal for cause as specified in Section VI of these policies.

D. Dissemination & Notification of PCEP Information:

1. The Division is responsible for disseminating the requirements for CE approval to any prospective PCEP, currently approved PCEP and prehospital personnel.
2. The Division will notify the Authority of each PCEP application/authorization that has been approved, disapproved or revoked under its jurisdiction within thirty (30) calendar days of action.
3. The Authority will maintain a list of all approved, disapproved or revoked PCEP's on its website.

III. PCEP TRAINING PROGRAM STAFF REQUIREMENTS:

- A. Each PCEP shall provide for the functions of administrative direction, medical quality coordination and actual program instruction through the designation of a program director, a clinical director and instructors. Nothing in this section precludes the same individual from being responsible for more than one of the functional areas.

1. PCEP Program Director:

- a. Each PCEP shall have an approved program director who is qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty (40) hours in teaching methodology.
- b. PCEP Program director qualifications may be fulfilled by, but not limited to, one of the following courses that meet the required instruction in teaching methodology:
 - i. California State Fire Marshal (CSFM) "Fire Instructor IA and 1B"
 - ii. National Fire Academy (NFA) "Fire Service Instructional Methodology" course or equivalent
 - iii. A training program that meets the U.S. Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the EMS Educator Course of the National Association of EMS Educators
 - iv. University of California (UC)/California State University (CSU) sixty (60) hours in "Techniques of Teaching" courses or four (4)

semester units of upper division credit in educational materials, methods and curriculum development or equivalent

- c. Individuals with experience may be provisionally approved by the Division pending completion of the specified requirements. Individuals with experience in areas where training resources are limited and who do not meet the above Program Director requirements may be provisionally approved based upon review of previous work or educational experience.
 - d. The duties of the PCEP program director shall include, but not be limited to:
 - i. Administration of the CE courses and ensuring continuous compliance to state regulations, Division policies and specifications
 - ii. Development and approval of course curriculum including course objectives, content, the methods of evaluation, instructor(s) course hours and the category of any CE course sponsored by the PCEP
 - iii. Coordination of all clinical and field activities approved for CE credit
 - iv. Signing all course completion records and maintaining records consistent with these policies. Signing of course completion records may be delegated to the course instructor
2. Clinical Director:
- a. Each PCEP shall have an approved clinical director who is currently licensed or certified in good standing as a physician, registered nurse, physician assistant, or paramedic, and shall have two (2) years of academic, administrative or clinical experience in emergency medicine or prehospital care within the last five (5) years.
 - b. The duties of the clinical director shall include, but not be limited to:
 - v. Monitoring all clinical and field activities approved for CE credit
 - vi. Approving the instructor(s)
 - vii. Monitoring the quality of prehospital content of the course
3. Instructor:
- a. Each PCEP instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, and shall be currently licensed or certified in their area of expertise, if appropriate; or

- b. Have evidence of specialized training which may include, but is not limited to:
 - viii. A certificate of training or an advanced degree in a given subject area
 - ix. Have at least one (1) year of experience within the last two (2) years in the specialized area in which they are teaching
 - x. Be knowledgeable, skillful and current in the subject matter of the course or activity.

IV. PCEP OPERATIONAL REQUIREMENTS:

- A. The Division may specify EMT, paramedic and/or PCEP mandatory education requirements for specified subjects and/or skills. The Division may also specify continuing education on subjects and/or skills for EMT, paramedic or EMD personnel completion within a specific term. The Division may provide mandatory continuing education topics periodically based on the EMS Medical Director's assessment of EMS system continuing education needs. This assessment will be driven from EMS system data and the Division quality improvement process. These mandatory subjects or skills will also be referred to EMT Training Programs to be provided during EMT Refresher Courses.
- B. An Authorized PCEP shall ensure that:
 - 1. The content of all CE courses are relevant, current, enhance the practice of prehospital emergency medical care, and are related to the knowledge base or technical skills required for the practice of emergency medical care.
 - 2. Records of CE courses shall be maintained for a period of four (4) years from the date of course completion, which shall contain the following:
 - a. Complete outlines for each course conducted, including a brief overview, instructional objectives, comprehensive topical outline, method of evaluation and a record of participant performance
 - b. A record of the time, place, date each course was conducted, the number and type of CE hours granted
 - c. A curriculum vitae or resume for each participating instructor
 - d. A roster signed by course participants to include name, certification/license number, and a copy of any certificates issued.

3. The Division shall be notified by an authorized PCEP within thirty (30) days of any change in name, address, telephone number, program director or clinical director.
 4. All records shall be available to the Division upon request.
 5. A PCEP is subject to scheduled site visits by Division staff.
 6. Individual classes, courses, or activities shall be open for scheduled or unscheduled visits by the Division and/or the local EMS agency in whose jurisdiction the CE course, class or activity is being offered.
- C. The PCEP shall identify hours of approved continuing education in accordance with subjects specified in Section V. Approved Continuing Education Hours (CEH) shall only be issued for actual time of participant attendance on the following basis:
1. One CEH is awarded for every fifty (50) minutes of approved content.
 2. Courses or activities less than one (1) CEH in duration shall not be approved.
 3. Courses greater than one (1) CEH, additional CE credit may be granted in no less than thirty (30) minute increments.
 4. Each hour of structured clinical experience shall be accepted as one (1) CEH when monitored by a preceptor assigned by a training program, service provider, or base hospital.
 5. One academic quarter unit shall equal ten (10) CEH.
 6. College courses in physical, social, or behavioral sciences (e.g., anatomy, physiology, sociology, psychology).
 7. One academic semester unit shall equal fifteen (15) CEH.
 8. College courses in physical, social, or behavioral sciences (e.g., anatomy, physiology, sociology, psychology).
 9. CE hours will not be awarded until the written and/or skills competency based evaluation, as required, has been passed.
- D. Certificates and Documents as Proof of Completion:
1. A PCEP shall issue to the participant(s) a tamper resistant document or certificate of proof of successful completion of a course within thirty (30) calendar days which shall contain all the following information:
 - a. Name of participant and certification/license number
 - b. Course title

- c. PCEP name, PCEP provider number and address
 - d. Course date(s)
 - e. Course location
 - f. Signature of program director or course instructor
 - g. Number of approved continuing education hours attended by the participant
2. The following statements shall be printed on the certificate of completion with the appropriate information filled in:
- "This course has been approved for ____ hours of continuing education by an approved California EMS CE Provider and was (check one) ____ instructor-based, ____ non-instructor based."
- "This documentation must be retained for a period of four (4) years"
- "California EMS CE Provider # _____ - _____."
3. A "Tamper Resistant Document" shall mean a certificate with an embossed emblem or insignia; or the instructor signature on the certificate in red, green or blue color ink.

E. Advertisement:

- 1. Information disseminated by PCEP publicizing CE must include, at a minimum, the following:
 - a. The PCEP policy on refunds in cases of nonattendance by the registrant or cancellation of the course by the PCEP, if applicable
 - b. A clear, concise description of the course content, objectives and the intended target audience (e.g. ALS, BLS, EMD or all)
 - c. Provider name, as officially on file with the Division
 - d. Specific number of CEH and the category of CEH to be granted
- 2. Copies of all advertisements disseminated to the public shall be sent to the Division and the local EMS agency whose jurisdiction the course, class, or activity is conducted prior to the beginning of the course/class.

F. PCEP Co-Sponsoring of a Course:

- 1. When two or more PCEP's co-sponsor a course, only one approved provider number will be used for that course, and that PCEP assumes responsibility for all applicable requirements.

G. Sponsorship of One Time Activity/Course

1. An approved PCEP may sponsor an organization or individual that wishes to provide a single activity or course. The PCEP shall be responsible for ensuring that the course and instructor(s) meet all requirements and shall serve as the PCEP of record.

V. EMT-I AND EMT-P CONTINUING EDUCATION REQUIREMENTS:

A. Limitations:

1. An individual may receive credit for repeating the same CE course no more than one time during the same certification or licensure cycle.
2. Only CE courses completed during the current certification or licensure cycle will be allowed for CE credit for recertification or re-licensure.
3. CE credits issued by BRN, AHA, CMA or other agency for courses completed after January 1, 1996, will not be accepted unless the provider is an approved PCEP.
4. At least fifty (50) percent of the required CE hours must be in a format that is instructor based, which means instructor resources are readily available to the student to answer questions, provide feedback, provide clarification, and address concerns.
 - a. This provision shall not include precepting or magazine articles for CE credit.
 - b. The Division shall determine whether a CE course, class or activity is instructor based.
5. An individual may receive credit, one (1) time only, during a certification or licensure cycle for service as an instructor.
 - a. Credit received shall be the same number as the number of hours of CE applied to the course, class or activity.
 - b. The hours of service shall not exceed fifty (50) percent of the total CE hours required in a single certification or licensure cycle.

B. Reciprocity:

1. Courses approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) will be accepted for CE credit.
2. Course completed through any local EMS Agency or Authority approved PCEP will be accepted for EMT or paramedic CE.

C. Continuing Education Topics:

1. Continuing education for EMS personnel shall be in any of the topics contained in the respective National Education Standards for training EMS personnel.
2. In lieu of completing the required CEH, EMT certification can be maintained by successfully completing an approved refresher course from an approved EMT Training Program.
3. All approved CE shall contain a written and/or skills competency based evaluation related to the course, class, or activity objectives.

D. Continuing Education Delivery Formats:

1. Classroom- didactic or skills laboratory where direct interaction with an instructor is possible.
2. Organized field care audits of patient care records.
3. Courses offered by accredited universities and colleges for courses in physical, social, or behavioral sciences.
4. Structured clinical experience, with instructional objectives, to review or expand the clinical expertise of the individual.
5. Media based and/or serial production.
6. Precepting EMS students or EMS personnel as a hospital clinical preceptor, as assigned by an EMS training program, EMS service provider, or a base hospital.
 - a. In order to issue CE for precepting EMS students or personnel, the EMS training program, EMS service provider, or base hospital must be a PCEP.
 - b. CE for precepting can only be given for actual time spent precepting an EMS student or personnel and must be issued by the EMS training program, EMS service provider, or base hospital that has an agreement or contract with the hospital clinical preceptor or with the preceptor's employer.
7. Precepting EMS students or EMS personnel as a field preceptor, as assigned by an EMS training program, or EMS service provider.
 - a. In order to issue CE for precepting EMS students or personnel, the EMS training program or EMS service provider must be a PCEP.
 - b. CE for precepting can only be given for actual time spent precepting an EMS student or personnel and must be issued by the EMS training

program or EMS service provider that has an agreement or contract with the field preceptor or with the preceptor's employer.

8. Advanced topics in subject matter outside of the scope of practice of the certified or licensed EMS personnel but directly relevant to emergency medical care (e.g. surgical airway procedures).

VI. PCEP AUDIT, DISAPPROVAL/REVOCATION/PROBATION OF PCEP STATUS:

- A. The Division may, for cause, disapprove/deny an application for PCEP approval; or place the PCEP authorization on probation with terms, suspension with terms or revoke PCEP authorization.
- B. Causes for these actions include, but are not limited to the following:
 1. Violating or attempting to violate any of the provisions of CCR Title 22, Chapter 11 or established Division policies.
 2. Failure to correct any identified deficiency within a reasonable length of time after receiving written notification from the Division specifying the deficiency.
 3. Any material misrepresentation of fact in the required information by a PCEP or applicant.
- C. Notification of noncompliance and action to place on probation, suspend, or revoke shall be carried out as follows:
 1. The Division shall notify the PCEP program director in writing, by certified mail, of the provision of CCR Title 22, or Division policy with which the PCEP is not in compliance.
 2. Within fifteen (15) working days of receipt of the notification of noncompliance, the PCEP shall submit in writing, by certified mail, to the Division one of the following:
 - a. Evidence of compliance with the provisions of CCR Title 22 or Division policy; or
 - b. A plan for meeting compliance with the provision of CCR Title 22 or Division policy within sixty (60) calendar days from the date of receipt of notification of noncompliance.
 3. Within fifteen (15) working days of receipt of the response by the PCEP, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the PCEP, the Division shall notify the EMS Authority and the PCEP in writing, by certified mail, of the

decision to accept the evidence of compliance, accept the plan for meeting compliance, or place on probation, suspend or revoke the PCEP approval.

4. If the Division decides to place on probation, suspend or revoke the PCEP approval, the notification specified in the above section shall include 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) calendar days from the date of the Division's letter of decision to the EMS Authority and the PCEP.
- D. If the PCEP status is suspended or revoked, approval for CE credit shall be withdrawn for all CE programs scheduled after the date of action.

VII. SKILLS COMPETENCY VERIFICATION

- A. EMS training programs who are approved PCEP providers are eligible to verify skills competency for EMT recertification.
- B. Qualified individuals who are eligible to verify skills competency are:
1. Currently licensed or certified as an EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician; and
 2. Shall be either a qualified instructor, or designated by an EMS training program, PCEP, or EMS service provider.
- C. The PCEP program director shall name at the time of application and upon each renewal the persons designated as skills competency verification signors.
1. Changes to the approved skills competency verification signor list shall be made in writing to the Division by the program director of the PCEP.
- D. Only persons approved shall be eligible to sign skills competency verification forms for EMT recertification. EMT's who present the EMSA-SCV form with a signature from an unapproved person will not be accepted.
- E. Once competency has been demonstrated by direct observation of an actual or simulated patient contact the individual verifying competency shall sign the EMSA- SCV form, provide their certification or license number, and print their name in the appropriate place on the form.
- F. Incomplete forms will not be accepted.
- G. EMTs applying for recertification MUST have the EMSA-SCV form. Substitutions will not be accepted.

H. Verification of skills competency shall be valid for a maximum of two (2) years from the date of verification.

APPENDIX A

SAMPLE PREHOSPITAL CONTINUING EDUCATION CERTIFICATE

(This certificate may be reproduced and used by an authorized Provider; or a provider may develop their own certificate that meets the content requirements)

PREHOSPITAL CONTINUING EDUCATION

CERTIFICATE

The individual named below has successfully completed the Prehospital Continuing Education Program as specified on this certificate. This documentation must be retained by the recipient for a period of four (4) years.

This course has been approved for ____ Hours of continuing education by an approved California EMS CE Provider and was ___instructor-based, ___non-instructor based.

California EMS CE Provider # 15-_____.

Participant Name:

State Cert or License #:

California CE Provider Name:

Course Title:

Course Location:

Course Date(s):

Signature of Instructor:

Appendix B

Application for Authorization for Approval of Pre-Hospital Continuing Education Provider

Application for Renewal of Approval for Pre-Hospital Continuing Education Provider

**APPLICATION FOR AUTHORIZATION AS AN APPROVED CONTINUING
EDUCATION PROVIDER FOR PREHOSPITAL EMERGENCY MEDICAL SERVICES
PERSONNEL**

CE Provider Name:	Program Director:										
Provider Mailing Address:	Provider Location (if other than mailing address):										
Program Clinical Director:	Primary Contact Person:										
Phone Number:	Fax Number: Email:										
Provider is a/an: (Check One) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Local EMS Agency</td> <td><input type="checkbox"/> EMT Training Program</td> </tr> <tr> <td><input type="checkbox"/> Other Governmental Agency</td> <td><input type="checkbox"/> Other School/College/University</td> </tr> <tr> <td><input type="checkbox"/> Prehospital Service Provider Agency</td> <td><input type="checkbox"/> Other CE Provider</td> </tr> <tr> <td><input type="checkbox"/> Hospital</td> <td><input type="checkbox"/> CA Statewide Public Safety Agency</td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> CE Provider in Another State</td> </tr> </table>		<input type="checkbox"/> Local EMS Agency	<input type="checkbox"/> EMT Training Program	<input type="checkbox"/> Other Governmental Agency	<input type="checkbox"/> Other School/College/University	<input type="checkbox"/> Prehospital Service Provider Agency	<input type="checkbox"/> Other CE Provider	<input type="checkbox"/> Hospital	<input type="checkbox"/> CA Statewide Public Safety Agency	<input type="checkbox"/> Individual	<input type="checkbox"/> CE Provider in Another State
<input type="checkbox"/> Local EMS Agency	<input type="checkbox"/> EMT Training Program										
<input type="checkbox"/> Other Governmental Agency	<input type="checkbox"/> Other School/College/University										
<input type="checkbox"/> Prehospital Service Provider Agency	<input type="checkbox"/> Other CE Provider										
<input type="checkbox"/> Hospital	<input type="checkbox"/> CA Statewide Public Safety Agency										
<input type="checkbox"/> Individual	<input type="checkbox"/> CE Provider in Another State										
Names of eligible skills competency verification signors:											
I certify that I have read and understand the regulations (California Code of Regulations, Title 22, Division 9, Chapter 11, EMS Continuing Education) and that the applicant agency will comply with all regulations described. I agree to comply with all audit and review provisions. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct. I understand that failure to comply with the CE regulations may result in revocation of CE approval status.											
_____ Signature of Program Director	_____ Date										

Submit application to the Kern County EMS Division at 1800 Mt. Vernon Ave, 2nd floor, Bakersfield, CA 93306. Attn: Jana Richardson.

Please attach resume(s) of CE Program Director and Clinical Director, which demonstrate individual(s) experience and qualifications in pre-hospital care/education as described in the CE regulations and Division Policy.

For local EMS agency use only:

Application Received Date	Reviewed By	Approval Date	Expiration Date	Provider Number	Comments-Place on Reverse Side
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APPLICATION FOR RENEWAL AS AN APPROVED CONTINUING EDUCATION PROVIDER FOR PREHOSPITAL EMERGENCY MEDICAL SERVICES PERSONNEL

CE Provider Name and Number:	Program Director:
Provider Mailing Address:	Provider Location (if other than mailing address):
Program Clinical Director:	Primary Contact Person:
Phone Number:	Fax Number: Email:
Current Expiration Date:	Number of courses conducted in previous two years:
Names of eligible skills competency verification signors:	

I certify that I have read and understand the regulations (California Code of Regulations, Title 22, Division 9, Chapter 11, EMS Continuing Education) and that the applicant agency will comply with all regulations described. I agree to comply with all audit and review provisions. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct. I understand that failure to comply with the CE regulations may result in revocation of CE approval status.

Signature CE Program Director

Date

Submit application to the Kern County EMS Division at 1800 Mt. Vernon Ave, 2nd floor, Bakersfield, CA 93306, Attn: Jana Richardson.

For local EMS agency use only

Application Received Date	Reviewed By	Approval Date	Expiration Date	Provider Number	Comments-Place on Reverse Side