

Idaho Bureau of Emergency Medical Services & Preparedness



Education Program Application

Submit completed application to the Bureau of EMSP:



Email EMSCOURSES@dhw.idaho.gov

Mail 2224 E. Old Penitentiary Rd, Boise, ID 83712

Fax 208-334-4015

Program Name: _____
Legal name of entity conducting EMS Education Courses

Program Information:

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Website: _____ Fax: _____

Program type:

Licensed EMS Agency

Educational Institution

Governmental Entity

Hospital

School

Highest Level of Courses Provided:

Emergency Medical Responder

Emergency Medical Technician

Advanced EMT

Paramedic

Program Description:

Attach a description of your EMS education program that demonstrates how it will continuously or temporarily meet the education program criteria and resources required by IDAPA 16.02.03 "Emergency Medical Services" and the Idaho EMS Education Standards Manual.

RESPONSIBILITIES FOR EMS EDUCATION PROGRAMS

1. Generation and maintenance of documentation of candidate qualifications, course participation and attendance, skill proficiencies, competency evaluations, clinical sessions, and internships. This includes the retention of all documents for 5 years and the submission of the Beginning Course Roster (BCR) and Course Completion Roster (CCR).
2. Acquire or have access to all instructional resources needed to ensure students are trained and evaluated to provide all assessments and interventions as described in the "Idaho Education Standards" and the scope of practice established by the Idaho EMS Physician Commission.
3. Instructors must be approved by the Bureau of EMSP and meet the minimum requirements defined in IDAPA 16.02.03.
4. Scheduling and orientation of all instructors, guest lecturers, skills coaches, and preceptors over the knowledge and skill objectives being taught. This must be done prior to the beginning of the course. Advanced coordination with appropriate healthcare facilities and licensed EMS agencies to ensure appropriate resources to enable student completion of clinical and internship requirements.
5. Establish and manage the EMS Education Program account through the National Registry of Emergency Medical Technicians (NREMT).
6. Ensure all EMS education is conducted as described with this application.

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Program Agreement: With submission of this Program Application I attest to the following:

As the physician for this education program/courses, I have agreed to provide medical oversight for all medical aspects of instruction provided for courses conducted by the program.

Education Program/Courses Physician Print	Education Program/Courses Physician Signature	Date
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As the Education Program Director (Course Coordinator) for the EMS education program, I understand that I am responsible for ensuring that the education program meets the criteria established in rule IDAPA 16.02.03 "Emergency Medical Services" and the Idaho EMS Education Standards Manual. Upon approval by the Bureau, it is my responsibility to ensure all EMS education is conducted as described by this application and supporting documentation.

Education Program Director (Course Coordinator) Print	Education Program Director (Course Coordinator) Signature	Date
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EMS Education Program Personnel: **Personnel must meet EMSP requirements, qualifications, and responsibilities.

Program Staff	Name	Telephone	Email	License #	License Type	EMS IO
Physician						
Program Director						
Program Staff						
Program Staff						
Program Staff						
Program Staff						
Program Staff						
Program Staff						
Program Staff						
Program Staff						

Date Received



Date Approved



IDAHO DEPARTMENT OF
HEALTH & WELFARE