



APPLICATION TO BEGIN PARAMEDIC ACCREDITATION FIELD EVALUATION

MUST BE APPROVED BY EMS AGENCY BEFORE EVALUATION CAN BEGIN

PARAMEDIC		
Last Name, First, MI	Paramedic License #	
Mailing Address	Phone	
City, State, Zip	Email	
Date of Birth	DL # and State	Social Security Number
Current Employment and/or EMS Affiliations		
Current Paramedic Accreditations from other Counties		County Accreditation Number/Expiration
Applicant Signature		Date
SUBMIT WITH THIS APPLICATION		
<input type="checkbox"/> Driver's License/Photo Id		
<input type="checkbox"/> CA State Paramedic License		
<input type="checkbox"/> Current CPR Card		
<input type="checkbox"/> Current ACLS Card or EMS Agency approved equivalent		
<input type="checkbox"/> Letter of employment from local ALS provider agency (letter must also indicate that applicant is an employee covered by worker's compensation and professional liability insurance)		
<input type="checkbox"/> Letter from preceptor/FTO agency accepting paramedic for evaluation if different from paramedic's employer.		
PRECEPTOR/SLO COUNTY FIELD TRAINING OFFICER ASSIGNED		
Preceptor/FTO		
ALS Provider Agency and Station		
Phone #1	Phone #2	Email
AUTHORIZATION TO BEGIN FIELD INTERNSHIP		
_____		_____
SLO EMS Agency, Inc.		Date



**Emergency Medical Technician –Paramedic Accreditation
Policy/Protocol/Expanded Scope Review and
Field Evaluation Completion Record**

Paramedic Name: _____

Prior to accreditation in San Luis Obispo County a paramedic must complete the following orientation under the direction of a field Training Officer or other EMS Agency designated individual. **This form must be returned to the EMS Agency upon evaluation completion.**

- A. () Review of the San Luis Obispo County EMS design and structure.
- B. () Review of the San Luis Obispo County Policies and Procedures.
- C. () Demonstration of all San Luis Obispo county scope of practice skills and procedures prior to completion of accreditation.

<u>Expanded Scope</u>	<u>Proficient</u>
1) Adult nasal intubation	_____
2) Pediatric endotracheal intubation	_____
3) Intraosseous infusion	_____
4) 12 lead	_____
5) CPAP	_____

- D. () A supervised re-accreditation field evaluation consisting of:
 - 1. Ten (10) ALS patient contacts if the paramedic has been licensed for less than one year, or
 - 2. A minimum of five (5) ALS patient contacts if the paramedic has a current license and has been licensed for more than one year.
- E. () Successful completion of San Luis Obispo County accreditation exam with a score of 80% or better.

I hereby certify that I have reviewed and understand the San Luis Obispo County EMS system, policies and procedures.

Paramedic Signature: _____ Date: _____

I hereby certify that the above named paramedic has reviewed and understands the San Luis Obispo County EMS system, policies and procedures and has successfully completed a field evaluation.

Completion Date: _____

FTO: _____
Print

FTO: _____
Signature