



CONTRA COSTA HEALTH SERVICES
Emergency Medical Services
PARAMEDIC INTERFACILITY TRANSFER (CCT-P) PROGRAM

Check List: Paramedic Interfacility Transfer Training Program Approval

Page #	Materials To Be Submitted for Paramedic Training	(Check One)		Do Not Write In This Space
		Enclosed	To Follow	
	1. Application Form			
	2. Name and qualifications of didactic program instructors			
	3. Student Eligibility Criteria			
	4. Course Objectives			
	5. Course Outline: must include topics identified in EMS Policy "Critical Care Transport - Paramedic Program" – Required Course Content			
	6. Description of texts and/or other written materials			
	7. Performance objectives for each skill			
	8. Course Schedule			
	9. Description of clinical training			
	10. Description of arrangements for Respiratory Therapy observation			
	11. Description of arrangements for CCT ride-alongs			
	12. Description and samples of any exams, quizzes or skills stations to be used.			

Page #	Materials To Be Submitted for EMT-I Training	(Check One)		Do Not Write In This Space
		Enclosed	To Follow	
	1. Name and qualifications of training instructor(s)			
	2. Student Eligibility Criteria			
	3. Course Objectives			
	4. Course Outline			
	5. Description of texts and/or other written materials			
	6. Performance objectives for each skill			
	7. Course Schedule			
	8. Description of clinical training			
	9. Description and samples of any exams or quizzes to be given.			



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Training Program Approval Form

Name of Training Institution/Provider: _____

Address: _____

Contact Person: _____

Phone: _____ e-mail _____

Program Director¹: _____

Principal Instructor(s) Paramedic Training (RN/MD)¹: _____

Principal Instructor(s) EMT-I Training (EMT-P/RN/MD): _____

Table with 3 columns: Paramedic Course Description, Total hrs, min. 120 hrs; Didactic hrs, min. 80 hrs; Clinical hrs, min. 40 hrs^2

Table with 3 columns: EMT-I Course Description, Total hrs, min. 4 hrs

Application Prepared by:

Name: _____ Title: _____

Phone: _____ e-mail: _____

Date Submitted: _____

1 Attach a resume.

2 Includes a minimum of 4 hours with Respiratory Therapist, and a minimum or 8 hours observational time spent on IFT ride-along (must include at least 2 separate transports)