

Emergency Medical Services Program Policies – Procedures – Protocols

Accreditation of EMS Personnel (1011.00)

I. Intent

It is the intent of the Emergency Medical Services Program to provide a method for medical oversight of all personnel operating within the organized Kern County emergency medical services (EMS) system, under the direction of the Medical Director. The Program further intends to create a method for quality assurance oversight. Medical Control shall be maintained through compliance with these policies and applicable policies listed in sections below.

II. Authority

This policy is administered under the authority of Health and Safety Code Sections 1797.107, 1797.172, 1797.173, 1798, and California Code of Regulations, Title 22, Division 9, Chapter 1.5, 2, 4, Sections 100147 and 100153, and PC11105.3.

III. General Provisions

EMS personnel shall not provide care within the Kern County EMS system without obtaining local accreditation.

- A. Individuals seeking accreditation shall apply to the Program through the online portal.
- B. All local Kern County Accreditations or Certifications require a Live Scan to be completed using the provided Kern County form with the program's information auto populated into it.

The Program has fourteen (14) business days from the time a *complete* and *correct* application is submitted and livescan has been received, to issue and place the Card in the mail. **It is the applicant's responsibility to renew any certification or accreditation in a timely matter to avoid any lapse.** All accreditations will be mailed to the address on file with the Program.

IV. Public Safety First Aid Optional Skill Accreditation

- A. Individuals who possess a current first aid certification from an approved training provider may be accredited in Kern County upon successful completion of the accreditation requirements.
- B. Individuals must maintain compliance with *Public Safety First Aid Optional Skills Policies and Procedures*.
- C. Individuals wishing to apply for an initial Kern County Public Safety First Aid Optional Skills Accreditation shall:
 - 1. Provide evidence of completion of an approved Public Safety First Aid training program.
 - 2. Complete the online application
 - 3. Be employed by a public safety agency which has been approved by the Program to provide optional skills. Employment verification shall be provided by the public safety agency.
 - 4. Provide proof of successful training in all optional skills items mandated by the Program.
 - 5. Provide proof of successful training in all optional skill items mandated by the public safety agency and approved by the Program.
 - 6. Provide proof of CPR and AED training.
 - 7. Provide a Live Scan using Program approved form.
 - 8. Provide proof of successful completion of any training mandated by the Program, if applicable.
 - 9. Provide a copy of a valid government issued photo identification
 - 10. Pay the fee established in Ordinance, if applicable.
- D. Accreditation shall be continuous unless the Public Safety First Aid provider separates from employer, First Aid certification lapses or the employer no longer participates in the PSFA.
- E. Local accreditation expiration dates shall coincide with First Aid certification expiration dates.
- F. The Public Safety First Aid Optional Skill provider shall apply for re-accreditation to the Program prior to the expiration of current accreditation
- G. Individuals wishing to apply for reaccreditation of the Kern County Public Safety First Aid Optional Skill accreditation shall:
 - 1. Meet the standards listed above,
 - 2. Provide proof of successful completion of training and demonstration of skills competency for each approved optional scope of practice items mandated by the Program or the employer and approved by the Program

V. Emergency Medical Technician (EMT) California State Certification

Paramedic's functioning as an EMT must obtain a CA EMT certification and Kern County Accreditation.

- A. Initial Certification – 1st time California EMT:
 - 1. Complete the online application titled New CA EMT
 - 2. Copy of a current and valid government issued identification.
 - 3. Proof of **current** NREMT (NREMT Card or certificate)
 - 4. Current CPR and AED training equivalent to American Heart Association Basic Life Support
 - 5. Completed Kern County EMS Program Live Scan form, with results received and reviewed.
 - 6. Pay the fee established in Ordinance, once the application is approved.
- B. Renewal or lapse less than 6 months:
 - 1. Complete the online application titled CA EMT Renewal.
 - 2. Copy of a valid and current government issued identification.
 - 3. California EMT Certification with expiration date of less than 6 months
 - 4. 24 hours Continued Education (CE) (CA approved CE provider or CAPCE.)
 - 5. EMSA's current version "Skills Competency Verification Sign Off Form".
 - 6. Unless currently on file with Kern County EMS, completed Kern County EMS Program Livescan form, with results received and reviewed.
 - 7. Pay the fee established in Ordinance, once the application is approved.
- C. Reinstatement – lapse greater than 6 months but less than 12 months:
 - 1. Complete the online application titled CA EMT Renewal.
 - 2. Copy of a current and valid government issued identification.
 - 3. California EMT Certification with expiration date of greater than 6 months but less than 12 months.
 - 4. 36 hours Continued Education (CE) (CA approved CE provider or CAPCE.)
 - 5. EMSA's current version "Skills Competency Verification Sign Off Form".
 - 6. Unless currently on file with Kern County EMS, completed Kern County EMS Program Livescan form, with results received and reviewed.
 - 7. Pay the fee established in Ordinance, once the application is approved.
- D. Reinstatement – lapse greater than 12 months:
 - 1. Complete the online application titled CA EMT Expired Over 12 Months.
 - 2. Copy of a current and valid government issued identification.
 - 3. California EMT Certification with expiration date of greater than 12 months
 - 4. 48 Hours Continued Education (CE) (CA approved CE provider or CAPCE.)

5. EMSA's current version "Skills Competency Verification Sign Off Form".
 6. Proof of current NREMT or current California paramedic license.
 7. Complete a Kern County EMS Program Livescan form, with results received and reviewed.
 8. Pay the fee established in Ordinance, once the application is approved.
- E. Transferring **CA State EMT card** from another county:
- Due to each LEMSA Processing State EMT Certifications, changing to Kern County from another certifying entity in the State, (such as Orange County EMS, L.A. County EMS, Riverside County EMS) allows Kern County to renew and reinstate the CA EMT card.
1. Complete the online application titled "CA EMT Transfer Application".
 2. Copy of a current and valid government issued identification.
 3. California EMT Certification with expiration date of less than 6 months.
 4. Current CPR and AED training equivalent to American Heart Association Basic Life Support.
 5. 24 hours Continued Education (CE) (CA approved CE provider or CAPCE.)
 6. EMSA's current version "Skills Competency Verification Sign Off Form".
 7. Complete a Kern County EMS Program Livescan form, with results received and reviewed.
 8. Pay the fee established in Ordinance, once the application is approved.

VI. Kern County Emergency Medical Technician (EMT) Accreditation

- A. Individuals who possess a current CA EMT certification from the State of California may be accredited in Kern County upon successful completion of the accreditation requirements.
- B. Individuals must maintain compliance with EMT Provider Policies and Procedures (5001.00) and All Provider Protocols (5000.00).
- C. Individuals wishing to apply for an initial Kern County EMT Accreditation shall:
 1. Possess a current and valid CA EMT certification issued by a LEMSA on behalf of the State of California.
 2. Complete the online application process titled Kern County Accreditation.
 3. Be employed by a Program approved Emergency Medical Technician Provider. Employment verification shall be provided. (appendix D)
 4. Proof of successful training in all Optional Scope of Practice items mandated by the Program.
 5. Unless currently on file with Kern County EMS, completed Kern County EMS Program Livescan form, received and reviewed.
 6. Provide proof of successful completion of any training mandated by the Program, if applicable.
 7. Provide a copy of a current and valid government issued photo identification.
 8. Pay the fee established in Ordinance, if applicable.

- D. Accreditation shall be continuous unless EMT **separates from employer** or **EMT certification lapses**.
- E. Local accreditation expiration dates shall coincide with EMT state certification expiration dates.
- F. The EMT shall apply for re-accreditation by the Program prior to the expiration of current accreditation
- G. Individuals wishing to apply for reaccreditation of the Kern County EMT accreditation shall:
 - 1. Meet the standards listed above,
 - 2. Provide proof of successful completion of training and demonstration of skills competency for each approved optional scope of practice items mandated by the Program or the employer and approved by the Program.

VII.Paramedic Accreditation

- A. Individuals who possess a current and valid paramedic license issued by the State of California may be accredited in Kern County upon successful completion of the accreditation requirements.
- B. Individuals must maintain compliance with all Program policies, procedures, and protocols.
- C. Individuals wishing to apply for an initial Paramedic Accreditation shall:
 - 1. Present a valid paramedic license issued by the State of California.
 - 2. Complete the online application process.
 - 3. Unless currently on file with Kern County EMS, completed DOJ and FBI Live Scan Background Check request form, with results received and reviewed.
 - 4. Be employed by a Program approved paramedic service provider. Employment verification shall be provided. (appendix D)
 - 5. Successfully complete a supervised pre-accreditation field evaluation by a recognized Kern County Preceptor consisting of a minimum ten (10) advanced life support contacts or in areas of exceptionally low call volume, sim lab encounters may be approved in combination with ALS field training upon request to the KCEMS Program.
 - 6. Provide proof of CPR and AED training, equivalent to American Heart Association Basic Life Support training.
 - 7. Provide proof of successful completion of training for all program authorized Optional Scope of Practice items.
 - 8. Successfully pass the Kern County accreditation test with a score of 80% or better. If failed on the first attempt will be allowed to retest, after a second failed attempt must wait one week before a third attempt and have employer sign and complete a remedial education form as provided by the program.
 - 9. Provide a copy of a valid government issued photo identification
 - 10. Pay the fee established in Ordinance, if applicable.

- H. Accreditation shall be continuous unless paramedic separates from employer or paramedic certification lapses.
- I. Local accreditation renewal dates shall coincide with paramedic license expiration dates.
- J. If the individual fails to complete all requirements for accreditation outlined in this policy, within thirty (30) days of a completed application, the program will notify the individual and the employer of the denial of accreditation. Provisional extension of up to ninety (90) days may be authorized for good cause by the Program. Individuals shall not apply for accreditation more than three (3) times per calendar year.
- K. The paramedic shall apply for renewal of accreditation by the Program no later than 30 days prior to the expiration of current accreditation.
- L. Individuals wishing to apply for reaccreditation of the Kern County paramedic accreditation shall:
 - 1. Meet standards listed above,
 - 2. Provide proof of successful completion of training and demonstration of skills competency for each approved optional scope of practice items mandated by the Program or the employer and approved by the Program.
 - 3. Provide proof of successful completion of any Program mandated training (i.e., paramedic update training)
 - 4. Provide Continued Education (48 Hours Approved CE)
 - 5. Provide proof of Program approved High performance CPR training.
 - 6. Provide proof of Pre-Hospital Trauma Life Support Training.
 - 7. Provide proof of any program required pediatric care training.
 - 8. Two skills verification forms are required. One skills verification form for **each year** of the accreditation cycle and must be at least six (6) months apart (appendix D).
 - 9. Successfully pass the Kern County accreditation test with a score of 80% or better. If failed on the first attempt will be allowed to retest, after a second failed attempt must wait one week before a third attempt and have employer sign and complete a remedial education form as provided by the program.
 - 10. If paramedic accreditation is expired, pay the fee established in Ordinance.

VIII. Paramedic Preceptor Accreditation

- A. The purpose of this policy is to outline the procedure for a Kern County accredited paramedic to be considered for paramedic preceptor.
- B. The procedure is the same for all paramedics regardless of whether the paramedic preceptor will be a preceptor of paramedic students or initial accreditations for paramedics in Kern County.
- C. The paramedic preceptor shall be responsible for the training, supervision, and evaluation of personnel in Kern County who are preparing for accreditation and entering internship. The paramedic preceptor is responsible for ensuring appropriate patient care is provided to every patient encounter in accordance

with County Paramedic Protocols, policies, and procedures, as well as all appropriate local, and/or State rules and regulations.

- D. To be eligible for accreditation as a paramedic preceptor a candidate shall:
1. Present a valid paramedic license issued by the State of California to the County EMS Program.
 2. Present a valid Kern County accreditation. The accredited paramedic shall have at least two years' experience as a Kern County Paramedic.
 3. The paramedic's license and accreditation must be in good standing with the Program and the State of California Emergency Medical Services Authority. A paramedic is considered in good standing if:
 - a. License status with the State of California Emergency Medical Services Authority is either "Active" or "Approved" only.
 - b. The following statuses with the State of California Emergency Medical Services Authority are not considered in good standing: "Active-PROBATION", "Active-PROVISIONAL", "Active-RESTRICTED",
 - c. No disciplinary action taken against the paramedic's accreditation by the Program within the last two (2) years.
 - d. No mandated remedial training within the last year.
 4. Attend a preceptor training class approved by the Program from one of the paramedic training programs below:
 - a. Bakersfield College Paramedic Training Program.
 - b. Other programs may be considered however, must have the Programs approval
 5. Successfully complete a written exam on local optional scope of practice and local operational procedures with a passing score of 90 percent.
 - a. If the candidate fails the exam on the first attempt, the candidate will have the option to retake the exam after one (1) week of the initial attempt.
 - b. If the candidate fails the second attempt, the candidate shall wait a period of three (3) months to re-attempt the process for paramedic preceptor accreditation. This means paramedic license and accreditation will be reviewed to determine if the candidate is in good standing as outlined above. The candidate shall attend a second preceptor training class as outlined above, and the candidate shall submit a second letter of recommendation from his or her employer as outlined below.
 - c. A candidate who fails to complete the process within two (2) attempts shall wait a period of one (1) year prior to being eligible for consideration of paramedic preceptor accreditation. The candidate shall repeat all procedures for consideration as outlined in this policy.
 - d. The employer of the preceptor candidate will be notified by the Program upon each failed attempt at passing the exam.
 6. Present a letter of recommendation from the candidate's employer, who must be an approved ALS provider.

- E. Upon successful completion of the above requirements, the paramedic shall be placed on an approved list of paramedic preceptors for the Program.
- F. Paramedic preceptor status shall be continuous upon each Kern County accreditation renewal, provided:
 - 1. The candidate continues to pass the written exam on local optional scope and local operational procedures with a passing score of 90 percent.
 - 2. The candidate attends all required update classes as mandated by the preceptor training class that was attended.
- H. Failure to maintain the requirements set forth in this policy and/or failure to remain in good standing with the EMS Program or the State of California Emergency Medical Services Authority will result in immediate removal from the approved preceptor list.
- I. Paramedics that have had their paramedic preceptor status revoked will not be eligible to attempt paramedic preceptor accreditation for a period of five (5) years.

IX. Emergency Medical Dispatcher Accreditation

- A. Individuals who possess a valid IAED card in the current version of the protocol, or course completion record for the basic EMD training program may be accredited in Kern County upon successful completion of the accreditation requirements.
- B. Individuals must maintain compliance with the EMD Policies and Procedures (2001.00).
- C. Individuals wishing to apply for an initial Kern County EMD Accreditation shall:
 - 1. Possess a current and valid EMD certification issued by International Academies of Emergency Dispatch (IAED)
 - 2. Complete the online application process.
 - 3. Unless currently on file with Kern County EMS, completed DOJ and FBI Live Scan Background Check request form.
 - 4. Certificate of completion issued by employer documenting eight hours of EMD protocol training in the following:
 - a. EMS Dispatch policies and procedures
 - b. Allocation of local EMS resources including EMS aircraft dispatch.
 - c. Local responses on EMD Protocol.
 - d. Multi-casualty incidents and disaster procedures.
 - e. Practical lab (scenario work with EMS protocol).
 - 5. Copy of the applicant's valid government issued photo identification
 - 6. EMD practical training form (appendix D) that demonstrates twelve hours of EMD practical training and successfully manage a minimum of ten EMD calls.
 - 7. Current CPR equivalent to American Heart Association Basic Life Support.
 - 8. Pay the fee established in Ordinance, if applicable.
- D. Local accreditation expiration dates shall coincide with IAED certification expiration dates.
- E. The EMD shall apply for reaccreditation by the Program no later than 30 days prior to the expiration of current accreditation.
- F. Individuals wishing to apply for reaccreditation of the Kern County EMD accreditation shall meet the standards 1, 2, 3, 5, 7 and 8.

X.Mobile Intensive Care Nurse Accreditation

- A. Individuals who possess a current and valid registered nursing license issued by the State of California may be accredited in Kern County upon successful completion of the Program requirements. Accreditation shall allow the registered nurse to work as an MICN in Kern County.
- B. Individuals must maintain compliance with all Program policies, procedures, and protocols.
- C. Individuals wishing to apply for an initial MICN accreditation shall:
 - 1. Present a valid registered nurse license issued by the State of California.
 - 2. Complete the online application process.
 - 3. Unless currently on file with Kern County EMS, completed DOJ and FBI Live Scan Background Check request form, with results received and reviewed.
 - 4. Provide proof of Program approved High performance CPR training.
 - 5. Provide a copy of a valid government issued photo identification.
 - 6. Pay the fee established in Ordinance, if applicable.
- D. Successfully complete the Mobile Intensive Care Nurse accreditation program with an 80% or better. Successfully complete a supervised pre-accreditation field evaluation by a recognized Kern County MICN consisting of a minimum of four (4) ALS level communication cases under the supervision of a accredited MICN, and completion of 16 hours of paramedic ambulance ride time (appendix D). This must be completed within 6 months. If an applicant fails to complete this within the 6-month time frame, they will be required to restart the process as applications time out after this timeframe.
- E. Local accreditation shall be good for two years from date of the initial MICN course.
- F. The Mobile Intensive Care Nurse shall apply for reaccreditation to the Program no later than 30 days prior to the expiration of current accreditation dates.
- G. Individuals wishing to apply for reaccreditation of the Kern County Mobile Intensive Care Nurse shall:
 - 1. Meet the standards listed above,
 - 2. Provide proof of successful completion of the Mobile Intensive Care Nurse Reaccreditation program with 80% or higher.

X.(a). CCT or Flight RN

- A. Individuals who possess a current and valid registered nursing license issued by the State of California may be accredited in Kern County upon successful completion of the Program requirements. Accreditation shall allow the registered nurse to work as a CCT or Flight RN in Kern County.

- B. Individuals must maintain compliance with all Program policies, procedures, and protocols.
- C. Individuals wishing to apply for an initial CCT/Flight RN accreditation shall:
- D. Present a valid registered nurse license issued by the State of California.
- E. Complete the online application process.
- F. Unless currently on file with Kern County EMS, completed DOJ and FBI Live Scan Background Check request form, with results received and reviewed.
- G. Provide proof of Program approved High performance CPR training.
- H. Provide proof of Pre Hospital Trauma Life Support or Equivalent.
- I. Provide a copy of a valid government issued photo identification.
- J. Pay the fee established in Ordinance, if applicable.
- K. Individuals wishing to apply for reaccreditation of the Kern County Mobile Intensive Care Nurse shall:
 - 1. Meet the standards listed above,
 - 2. Complete 96 hours of documented direct patient care critical care experience (licensed acute care hospital or SCT provider per year RN and complete a total of 20 continuing education (CE) contact hours approved by the California Board of Registered Nursing (BRN) annually, that are relevant to direct patient critical care and type of transports performed OR obtain/maintain CCRN, CTRN or CFRN certification.

XI. PulsePoint Verified Responder

- A. A PulsePoint verified responder is a current EMT, Paramedic, Nurse, or Physician that wants to be notified, via the PulsePoint App, of cardiac arrests close to their location, in public places or a private residence to provide CPR. To become a PulsePoint verified responder, the following must be completed:
 - 1. Have a current state certificate/license in good standing. (if applicable)
 - 2. Submit the application form on Kern County EMS's website and download the PulsePoint app
 - 3. Complete a live scan using the Kern County EMS form.

Any current EMT, Paramedic, or MICN accredited in Kern County should already have a live scan on file. If you are not sure, please call Kern County EMS to verify at (661) 321-3000.

- B. After the Program verifies your certification or license status and receives the background check from your live scan, they will approve your verified responder application. You will then get an email from PulsePoint, it is very important you open the link in the email on the device you have PulsePoint installed on.

XII. Required Notifications

- A. The Program must be notified within ten (10) business days and supplied the appropriate documentation if any of the following occurs:
 - 1. Change of address (Proof of residence)
 - 2. Name change (Government issued ID reflecting current name)
 - 3. Separation of employment from a Kern County employer (EMT and Paramedic accreditation or MICN)
- B. It is the responsibility of the Certified EMT or Accredited Paramedic, EMD or MICN to notify Kern County EMS within 72 hours of any arrest or change in their eligibility status.

Revision Log:

01/08/2020 – Changed “Division” to “Program”. Updated Items needed for EMT certification. Changed Name for International Academies of Emergency Dispatch. Added section for Verified Responder. Revisions approved by EMCAB 02/13/2020.

10/29/2020 – Changed wording on BLS CPR. Removed wording that referenced paper applications, added links to online portal. Removed ACLS and PALS, changed to a Program approved training. Added additional way to obtain Paramedic accreditation. Added a more detailed check list for Appendix C. Cleared up wording in all accreditation levels. Added timeframe to issue accreditation.

4/20/2021 – Second comment 15-day period. Added appendix d. Changed names of EMD forms to match the policy.

5/13/2021 – EMCAB approved. Effective date 05/13/2021.

3/26/2024- Removal of all mention of MICN courses in Paramedic Accreditation. MICN and simulated calls are no longer allowed to be used when applying for Paramedic Accreditation. Updated EMT Accreditation sections with the new application titles and additional information to reiterate current for the documents requested.

08/27/2024 – Clarification of accreditation exam and application titles and timelines, livescan.

07/14/2026 – Update to the MICN accreditation to include (X.(a). CCT or Flight RN

Appendix A- Procedure for Mandatory Passing of Local Exam for Accrediting and Re-accrediting Paramedics

All New and re-accrediting paramedics in Kern County will be required to pass an exam on local policies, procedures, and protocols. The pass rate is 80% to obtain/retain accreditation. If at any point in the process the paramedic accreditation expires, the paramedic will not be allowed to report to duty. Reinstatement of accreditation from expiration or failure to pass the exam after three (3) attempts will be subject to accreditation fee as established in Ordinance. The procedure for paramedic testing is outlined below.

- A. The paramedic will have three (3) attempts at passing the exam. There is no time restriction or waiting period between the first two exam attempts.
- B. If the paramedic fails the first two (2) attempts, the paramedic shall be referred to his/her employer for remedial education.
 - 1. The Program will fill out a form citing which local policies, procedures, or protocols were missed on the exam(s).
 - 2. The paramedic will present the form to the employer for assignment of training.
 - 3. Remedial training may be conducted by a Pre-Hospital Continuing Education Provider Program or Program approved preceptor at the discretion of the employer.
 - 4. Training will be focused on the policies, procedures, protocols listed on the Program form.
 - 5. There is no minimum requirement for the number of training hours. Satisfaction of completion of remedial training will be at the discretion of the employer.
 - 6. The paramedic must have the form signed by the trainer to be eligible for the third attempt at the exam.
- C. If the paramedic fails the third attempt at the exam, his or her accreditation will be suspended or not renewed.
- D. Reinstatement of accreditation will require completion of a Program sponsored policy, procedure, protocol class. Course completion will require passing of an exam.
- E. If the paramedic fails to complete the course, the paramedic will not be eligible for accreditation for one (1) year following the date of the fourth and final exam.
- F. Reinstatement after the one (1) year time frame will require the paramedic to complete the accreditation process.

Appendix B- Paramedic Skills Verification Procedure

- A. The policy establishes the requirements for the Paramedic Skills Verification program.
- B. These policies shall apply to all Kern County paramedics and all Kern County ALS providers.
- C. The Program reserves the right to change or update these policies and procedures as deemed necessary in accordance with Health and Safety Code, California Code of Regulations Title 22, and Kern County Ordinance.
- D. All Paramedics shall be certified in BLS CPR, HP CPR, Program approved pediatric training, and PHTLS.
 - 1. Paramedics shall present copies of their cards at time of re-accreditation.
 - 2. An instructor in PHTLS may verify a skill during the course if a manipulative station is part of the normal course material.
- E. The following skills require verification:
 - 1. Epinephrine Drip
 - 2. Thoracic Decompression
 - 3. Airway Management
 - a. Adult Endotracheal Intubation
 - b. Pediatric Supraglottic Airway
 - 4. Intraosseous needle placement
- F. Skills that are successfully completed in the field may be used as verification.
- G. The following information must be provided for verification:
 - 1. Run Number
 - 2. Date of Procedure
 - 3. Indications
 - 4. Complications
 - 5. Attempt
- H. The Paramedic must turn in the skills verification sheets at the time of re-accreditation.
- I. Two skills verification forms are required. One skills verification form for **each year** of the accreditation cycle and must be at least six (6) months apart
- J. Skills may be verified through a refresher course that provides hands-on manipulation. The refresher course must include the following:
 - 1. Review of indications and contraindications
 - 2. Paramedic must be able to physically identify landmarks
 - 3. Paramedic must be able to practice the procedure and have positive feedback indicating success
 - 4. A Program approved device shall be used.

Appendix C- Items needed for accreditation or certification:

The following is to be used as a guide only. This may be updated at any time due to changes in rules, laws, and regulations. Refer to the accreditation policy for clarification and specifics.

EMD Initial:

- ☐ Copy of the applicant's government issued photo identification
- ☐ Valid IAED card in the current version of the protocol, or course completion record for the basic EMD training program
- ☐ Completion record verifying 8 hours of protocol training in local EMD policies, procedures, and protocols by EMD authorized instructor dated with issue date of not more than one year
- ☐ EMD practical training form
- ☐ Valid BLS CPR card
- ☐ Fee
- ☐ Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.

EMD Recert:

- ☐ Copy of the applicant's government issued photo identification
- ☐ Copy of current Kern County EMD card
- ☐ Copy of current IAED card
- ☐ Valid BLS CPR card
- ☐ Fee
- ☐ Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.

EMT Initial:

- ☐ Online application titled New CA EMT
- ☐ Copy of the applicant's current and valid government issued photo identification (may be current state driver's license or identification, federal issued passport, or similar photo identification.)
- ☐ Copy of 8 ½" x 11" National Registry EMT-Basic Certificate from the NREMT – OR- EMT-Basic National Registry Card.
- ☐ Valid BLS CPR card
- ☐ Completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.
- ☐ Fee

EMT Recert: (current or up to 6 months expired)

- ☐ Online application titled CA EMT Renewal (Accreditation if required, is included on page one of the application, read carefully.)
- ☐ Copy of the applicant's current and valid government issued photo identification.
- ☐ Copy of current or expired EMT Card.
- ☐ 24 Hours of CEs (CA approved CE provider or CAPCE.)
- ☐ Skills Competency Verification Form
- ☐ Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.
- ☐ Fee

EMT Recert: (Expired 6 months to 12 months)

- ☐ Online application titled CA EMT Renewal (Accreditation if required, is included on page one of the application, read carefully.)
- ☐ Copy of the applicant's government issued photo identification
- ☐ Copy of expired EMT Card
- ☐ 36 Hours of CEs
- ☐ Skills Competency Verification Form
- ☐ Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.
- ☐ Fee

EMT Changing Certifying Entity:

- ☐ Online application titled CA EMT Transfer application
- ☐ Copy of the applicant's government issued photo identification
- ☐ Copy of current or expired EMT Card
- ☐ Copy of applicant's current BLS CPR
- ☐ CEs with the amount depending on the status of the EMT (see section V.)
- ☐ Skills Competency Verification Form
- ☐ Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.
- ☐ Fee

EMT Reinstatement: (Expired greater than 12 months)

- ☐ Online application titled CA EMT Expired over 12 months
- ☐ Copy of the applicant's government issued photo identification
- ☐ Copy of expired EMT Card
- ☐ Copy of applicant's current BLS CPR

- ☐ 48 Hours of CE's Originals OR 24-hour EMT refresher course from an approved EMT training program plus 24 hours of CE (within 24 months of application date).
- ☐ MUST PASS NREMT exams within two years of the application date (unless possess current and valid EMT, AEMT or paramedic NREMT certificate OR current and valid AEMT certificate or paramedic license).
- ☐ Skills Competency Verification Form
- ☐ Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.
- ☐ Fee

EMT Kern County Accreditation:

- ☐ Online application titled Kern County EMT Accreditation Card
- ☐ Copy of the applicant's government issued photo identification
- ☐ Proof of High-Performance CPR training from current employer.
- ☐ Copy of current State EMT card
- ☐ Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.
- ☐ Verification of employment form
- ☐ Proof of training for perilyngeal airway adjuncts (5 hours Minimum) as structured in title 22.
- ☐ Proof of training for Epinephrine, Narcan, Blood Glucose Monitors. Unless they attended EMT class after 2017. Upload documentation of EMT course completion if they finished school after 2017.

Paramedic Kern County Accreditation:

- ☐ Copy of the applicant's government-issued photo identification
- ☐ Copy of current State Paramedic card
- ☐ Copy of applicant's current BLS CPR card
- ☐ Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.
- ☐ Verification of employment form
- ☐ One field evaluation form documenting 10 ALS contacts with an accredited Preceptor.
- ☐ Fee
- ☐ Pass the Paramedic exam with a minimum of 80%

Paramedic Kern County Reaccreditation:

- ☐ Verification of Employment Form
- ☐ Copy of the applicant's government-issued photo identification
- ☐ Copy of current State of California paramedic card

- ☐ Copy of current Kern County paramedic accreditation card
- ☐ 48 hours of CE's
- ☐ Copy of current Program approved HP-CPR
- ☐ Copy of current PHTLS card
- ☐ Copy of current BLS card
- ☐ One skills verification form for each year of the accreditation cycle, not to be closer than six months apart **OR** One skills verification form from within the accreditation cycle AND One field evaluation form documenting 10 ALS contacts with an accredited Preceptor.
- ☐ Pass the Kern County EMS protocol exam with a minimum score of 80%
- ☐ Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.

Paramedic Preceptor:

- ☐ Copy of the applicant's government issued photo identification
- ☐ Copy of current State of California paramedic card
- ☐ Copy of current Kern County paramedic accreditation card
- ☐ Proof of a Program approved preceptor course
- ☐ Letter from employer authorizing them to become a preceptor
- ☐ Pass the Kern County EMS protocol exam with a minimum score of 90%
- ☐ Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.

MICN Initial:

- ☐ Copy of the applicant's government issued photo identification)
- ☐ Copy of applicant's California nursing license
- ☐ Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.
- ☐ Fee

After the above have been met, the applicant will be required to take the Program's MICN course and pass with an 80% or better. After completing the class, they will have twelve (6) months to complete the following in order to receive accreditation. Applications will timeout after a six month period of time from the date of creation.

- ☐ Copy of applicant's current Program approved HP-CPR
- ☐ Documentation of field evaluation
- ☐ Documentation of 16 hours of Paramedic ambulance ride time.

MICN Recert:

- ☐ Copy of the applicant's government issued photo identification

- ☐ Copy of applicant's California nursing license
- ☐ Copy of applicant's current Program approved HP-CPR
- ☐ Copy of applicant's current MICN card
- ☐ Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form, received and reviewed.
- ☐ Fee

APPENDIX D – FORMS

EMD Practical Training Form

Paramedic Skills Verification Form

Paramedic Initial Accreditation Form

MICN Verification of Base Radio ALS Contacts

MICN Verification of ambulance observation requirement

Verification of Employment Form

EMD Preceptor Form

The EMD trainee must successfully manage a minimum of ten (10) consecutive EMD calls through an EMS Program authorized EMD provider under direct supervision of an EMD preceptor with a valid certification. Successful management of an EMD call shall mean that the EMD intern can manage the entire call without EMD Preceptor intervention. This record must be submitted to the Kern County EMS upon completion.

EMD Intern Name: _____ EMD Preceptor Name: _____

Date: _____

	Incident number	Location	Determinant	Call Details
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Intern Signature _____ Date _____

Preceptor Signature _____ Date _____

EMD-Q Signature _____ Date _____

EMD Practical Training – Intern Evaluation Record

This record shall be completed by the EMD Preceptor upon completion of EMD practical training by an EMD Intern. Successful completion of a minimum of **twelve (12)** hours of EMD practical training and a minimum total score of 21 is required to pass EMD Practical Training. The numerical ranking is defined as 5 being the highest performance, 1 the lowest performance. This record must be submitted to the Kern County EMS upon completion.

Hours Completed: _____

Score Total: _____

Proper Case Entry Protocol Use:	1	2	3	4	5
---------------------------------	---	---	---	---	---

Comments:

Proper Key Questions Use:	1	2	3	4	5
---------------------------	---	---	---	---	---

Comments:

Proper Selection of Response Determinants:	1	2	3	4	5
--	---	---	---	---	---

Comments:

Proper Dispatch of Resources:	1	2	3	4	5
-------------------------------	---	---	---	---	---

Comments:

Proper Use of Post-Dispatch/Pre-Arrival Instructions:	1	2	3	4	5
---	---	---	---	---	---

Comments:

Caller Interaction Technique:	1	2	3	4	5
-------------------------------	---	---	---	---	---

Comments:

EMD Policies and Procedures Knowledge:	1	2	3	4	5
---	----------	----------	----------	----------	----------

Comments:

Fail Practical (2nd Attempt)

**Kern County
Emergency Medical Services Program**

Paramedic Skills Verification

Epinephrine Drip for Cardiac Arrest:

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____ Signature: _____

Thoracic Decompression:

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____ Signature: _____

Supraglottic Airway - Pediatric

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____ Signature: _____

Endotracheal Intubation - Adult

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____ Signature: _____

Interosseous Needle Placement:

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____ Signature: _____

Paramedic Name (Print): _____

Paramedic Signature: _____

Paramedic License #: _____ Date: _____

Verified Signer Name: _____

Verified Signer Signature: _____

Date of Approval: _____

Skills Assessment of Paramedic Competency
for Kern County Accreditation

Intern:	Start Date:	Preceptor:	Agency:
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Directions: Each run must be rated by the preceptor in each applicable category. The preceptor will assure that the intern receives proper training in each category. Intern must complete 10 ALS contacts and receive a "3" in each category within the "Final Rating" to complete accreditation process. This can be accomplished via run completion, drills, demonstrations or discussion.

"ALS contact" must have 2 or more ALS procedures (ie IV and a med or IV and a 12 lead)

RATING: 1-Fails to Perform 2-Inconsistent 3-Competent X-N/A

If you are using this form for simulations put "LAB" in the run number column.

ALS Contact	Patient Information		Treatment Rendered	Run Number	Assessment														ePCR
					Age	Chief Complaint	Communication	Scene Control	Treatment Protocols	Destination/ED Status	Trauma Policy	Behavior/Psych	Determination of Death	CPAP	Cardiac Pacing	Aircraft Utilization	M.A.D.	D.N.R.	
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
Final Rating																			

SUMMARY OF PERFORMANCE: Preceptor must provide a written summary of intern's performance.

Preceptor Signature:	Prcpt Cert #:	Intern Signature:	Completion Date:
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Mobile Intensive Care Nurse

Verification of Base Radio ALS Contacts

The Kern County EMS Division specifies that a Registered Nurse applying for the certification as an MICN shall complete a minimum of 4 Base Hospital ALS radio contacts monitored by a currently certified Kern County MICN. The applicant shall demonstrate proper use and understanding of the pre-hospital radio system.

Applicant Names (Please Print): _____

Employer: _____

Number of ALS radio contacts: _____

Number of BLS radio contacts: _____

Base Hospital Preceptor

Name (Please Print): _____

Signature: _____

Date: _____

Mobile Intensive Care Nurse

Verification of ambulance observation requirement

The Kern County EMS Division specifies that a Registered Nurse applying for the certification as an MICN shall, at minimum, completed the following activities during the required 16 hours ambulance observation period.

- I. Observe or participate in four ALS patient transports.
- II. Deliver to a Kern County Base Hospital one BLS patient assessment report, utilizing the EMS communications system.
- III. Review with the EMT-Paramedic in charge the use of Kern County Paramedic Treatment Protocols and local policy and procedures.

Applicant Names (Please Print): _____

Employer: _____

Ambulance Provider _____

Times and dates of observation period:

EMT-Paramedic
Name (Please Print): _____

Signature: _____

Date: _____

Verification of Employment Paramedic and EMT Only

Organization Name: _____

Approved Signatory for Provider:

I _____ hereby certify under penalty of perjury that (EMT/EMT-P)
(approved signatory)

_____ is employed with the above-named agency on an at least
part-time basis. I further certify that the organization listed above has given me the authority to sign this
document for verification of employment with an approved emergency medical service provider.

Signature

Date



Public
Health

Brynn Carrigan - DIRECTOR
Kristopher Lyon, MD - HEALTH OFFICER

