

**EL DORADO COUNTY EMS AGENCY
DOCUMENTATION SHEET FOR INITIAL ACCREDITATION**

NAME: _____

Start Date: _____

All numbered areas should be completely filled out and signed by the appropriate individuals before accreditation process can be completed. Accreditee is responsible for maintaining this document and returning it to El Dorado County EMS Agency in order to fulfill requirements for initial accreditation as an EMT-P within El Dorado County.

1. ORIENTATION CLASS:

The accreditee has completed an orientation class provided by the Field Training Officer (FTO), which includes training and testing in all optional scope-of-practice areas.

Field Training Officer

Date

2. COUNTY POLICIES, PROCEDURES AND PROTOCOLS:

The EMS Agency has provided a written examination covering County Policies, Procedures and Protocols.

EMS Agency Staff

Date

3. PRE-ACCREDITATION FIELD EVALUATION:

FTO shall provide a brief narrative of the candidate's knowledge of policy/protocols/procedures as observed during his/her field evaluation consisting of no more than ten (10) ALS contacts. Documentation should include which procedure(s) qualified the call as an ALS contact.

ALS CALL NUMBER: _____

Date: _____

ALS CALL NUMBER: _____

Date: _____

ALS CALL NUMBER: _____

Date: _____

ALS CALL NUMBER: _____

Date: _____

ALS CALL NUMBER: _____

Date: _____

ALS CALL NUMBER: _____

Date: _____

ALS CALL NUMBER: _____

Date: _____

ALS CALL NUMBER: _____

Date: _____

ALS CALL NUMBER: _____

Date: _____

ALS CALL NUMBER: _____

Date: _____

4. FTO REVIEW:

The above accreditee has completed an orientation process in all optional scope-of-practice areas, and successfully completed a pre-accreditation field evaluation consisting of no more than ten (10) ALS responses.

Recommends approval for local accreditation: Yes ____ No ____

Recommends further evaluation or action required: Yes ____ No ____

Comments: _____

Field Training Officer

Date

5. BASE HOSPITAL DIRECTOR/ REPRESENTATIVE'S REVIEW OF PRE-ACCREDITATION:

I have reviewed the completed accreditation documentation of the above named accredittee and recommend the following actions:

Recommends approval for local accreditation: Yes ____ No ____

Recommends further evaluation or action required: Yes ____ No ____

Comments: _____

Base Hospital Medical Director

Date

6. EMS AGENCY MEDICAL DIRECTOR'S REVIEW OF ACCREDITATION:

I have reviewed the completed accreditation documentation of the above named accredittee and recommend the following actions:

Approval for local accreditation: Yes ____ No ____

Recommends further evaluation or action required: Yes ____ No ____

Comments: _____

EMS Agency Medical Director

Date

7. EMS AGENCY AMBULANCE BILLING'S REVIEW OF ACCREDITATION:

I have reviewed the completed accreditation documentation of the above named accredittee and recommend the following actions:

Approval for local accreditation: Yes____ No____

Recommends further evaluation or action required: Yes____ No____

Comments: _____

EMS Agency Billing Representative

Date