



Section: 900 Applications & Forms

Application: 905

Rev. 10/2017

**APPLICATION FOR
FIRST AID COURSE APPROVAL**

EMS Agency Use Only
Reviewed By _____
Approved _____
Fee Paid _____

Organization Name	
Primary Contact Person	
Address, City, State & Zip Code:	
Telephone Number	Fax Number

Training to be offered:
<input type="checkbox"/> First Aid for Public Safety Personnel
<input type="checkbox"/> Cardiopulmonary Resuscitation
<input type="checkbox"/> Automated External Defibrillator

Submit the following information to support the request for course approval:

1. Course outline consistent with 22 CCR, §100018 and 100019, and if applicable, §100020
2. Final written examination with pre-established scoring standards
3. Skill proficiency testing criteria, with pre-established scoring standards

Applicant Signature

Date