



EMS TRAINING ENTITY ACCREDITATION INSPECTION CHECKLIST

- First Responder
- Emergency Medical Dispatch

NAME OF TRAINING ENTITY	LOCATION	DATE						
(1) SPECIFIC REQUIREMENTS FOR FIRST RESPONDER/EMERGENCY MEDICAL DISPATCH TRAINING ENTITIES								
	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">NOT</td> <td style="padding: 2px 5px;">NOT</td> <td style="padding: 2px 5px;">N/A</td> </tr> <tr> <td style="padding: 2px 5px;">MET</td> <td style="padding: 2px 5px;">MET</td> <td style="padding: 2px 5px;">MET</td> </tr> </table>	NOT	NOT	N/A	MET	MET	MET	COMMENTS
NOT	NOT	N/A						
MET	MET	MET						
1. Complete application on file	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
2. Medical Director qualifications/credentials	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
3. Certified by BEMS to conduct training programs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
4. Documentation that courses meet or exceed National Standard Curriculum	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
5. Copy of class schedule (must include the seven modules and exams)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	First Responder Only						
6. List of topics covered in their final written exam	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
7. List of skills to be tested in final practical	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	First Responder Only						
8. Graduating students meet entry level competence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
(3) REMARKS								
SIGNATURE OF UNIT OF EMERGENCY MEDICAL SERVICES REPRESENTATIVE		DATE						
SIGNATURE OF TRAINING ENTITY REPRESENTATIVE		DATE						