



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		
	NOT MET MET N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMMENTS
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