



NORTHERN CALIFORNIA EMS, INC.

930 Executive Way, Suite 150, Redding, CA 96002
Phone: (530) 229-3979 Fax: (530) 229-3984

PUBLIC SAFETY FIRST AID (PSFA) PROGRAM

APPLICATION x INITIAL RENEWAL PROGRAM UPDATE

Individual or Organization: <i>Pliocene Ridge Community Services District</i>		
Street Address: <i>100 Pike City Road</i>		
City: <i>Pike (N. San Juan zip)</i>	State: CA	Zip: <i>95960</i>
Telephone: <i>530-288-0624</i>	Fax: <i>None</i>	
Email: <i>plioceneridge@gmail.com</i>	Website: <i>plioceneridge.org</i>	
Training Program Principal Instructor: <i>Rae Bell Arbogast</i>		
Training Program Teaching Assistants(s): <i>Chris Dorn, Jim Buckbee</i>		

I verify that the training program meets or exceeds the Public Safety First Aid and CPR course content requirements listed in section 100017, of Chapter 1.5, of Division 9, of Title 22, of the California Code of Regulations. I further certify that the program will utilize the appropriate instructor-to-student ratio (at least one principal instructor or teaching assistant for each 10 students during skills practice/laboratory sessions), and that appropriate equipment and adequate classroom space will be available for all instructional activities.

R. Bell

Principal Instructor Signature Date

12/1/21

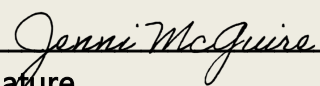
NOR-CAL EMS USE ONLY			
APPLICATION RECEIVED	REVIEWED BY	APPROVAL DATE	RENEWAL DATE
12/1/2021	JMcGuire (DrK approval)	12/1/2021	12/1/2025

Originated: :April 7, 2021`

PUBLIC SAFETY FIRST AID TRAINING PROGRAM CHECKLIST

Name of Training Program:		
	ENCLOSED	APPROVED

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Name of Training Program:		
	ENCLOSED	APPROVED
Training Program Application — completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
Training Program Principal Instructor(s) Application(s) and resume(s)	<input type="checkbox"/>	<input type="checkbox"/>
Course Location and Proposed Dates Form	<input type="checkbox"/>	<input type="checkbox"/>
Detailed Course Outline	<input type="checkbox"/>	<input type="checkbox"/>
Final written examination with pre-established scoring standards	<input type="checkbox"/>	<input type="checkbox"/>
Skills competency testing criteria with pre-established scoring standards		
Sample of proposed course completion certificate or written verification of course completion	<input type="checkbox"/>	<input type="checkbox"/>
Description of the program facilities, equipment, examination security and student record keeping (Note: additional evidence of compliance with these items, including initial or periodic site visit(s) by Nor-Cal EMS Agency staff may be required)	<input type="checkbox"/>	<input type="checkbox"/>
Training program fee paid (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Nor-Cal EMS Approval		
Name/Title	 Signature	Date