



FLORIDA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES
911 PUBLIC SAFETY TELECOMMUNICATOR ~~EMERGENCY DISPATCHER~~ TRAINING
COURSE EQUIVALENCY APPLICATION

Please include your completed application along with your nonrefundable check for \$50

PART I: Course Administration

A. Name of Primary Institution Offering Course: _____

B. Address of Institution: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ FAX: _____

E-Mail Address: _____

Name of Institution Director: _____

Entity Website (If Applicable): _____

C. Primary Instructional Location if different from address of institution:

D. **Affiliations** – If the 911 public safety telecommunicator ~~emergency dispatcher~~ training is conducted by more than one institution and/or location, list the name of the secondary institution and/or its instructional location.

E. Attach a current written agreement or contract for each secondary institution that is used for the training of Public Safety Telecommunication students if applicable. **Attach as Attachment 1**



Part II: Program of Study

A. Below is a list of the 13 student performance standards required for the DOE Public Safety Telecommunication ~~232~~ 208 hour course. Indicate the page(s) number of your course outline where your program addresses each of the occupational completion point(s) and the amount of hours spent instructing the student on each point.

Occupational Completion Point(s)		Page(s) of Syllabi or Outline	Didactic Hours	Skills Practice Laboratory Hours
1.0	Describe and demonstrate professional ethics and the role of telecommunicator			
2.0	<u>Describe Guidelines and Operational Standards of call classification and prioritization.</u> Describe Florida law and its application to telecommunication operation			
3.0	<u>Identify and explain communication equipment and resources.</u> Identify and define terminology pertinent to public safety telecommunication			
4.0	<u>Demonstrate communication and interpersonal skills.</u> Identify and explain communication equipment and resources			
5.0	<u>Perform operational skills.</u> Demonstrate communication and interpersonal skills			
6.0	<u>Demonstrate understanding of fire department role and responses as well as hazardous materials awareness.</u> Perform operational skills			
7.0	<u>Demonstrate understanding of emergency medical services role and responses.</u> Demonstrate understanding of hazardous materials awareness			
8.0	<u>Demonstrate understanding of law enforcement role and responses.</u> Demonstrate proficiency in first responder to medical emergencies techniques and provide emergency medical care			
9.0	<u>Comprehend stress management techniques.</u> Demonstrate knowledge of sexually transmitted diseases, including AIDS			
10.0	<u>Understand the duties and responsibilities of a public safety telecommunicator.</u> Comprehend stress management techniques			
11.0	<u>Demonstrate an understanding of Emergency Management practices.</u> Demonstrate employability skills			
12.0	<u>Demonstrate CPR proficiency.</u> Demonstrate an understanding of Emergency Management practices			
13.0	<u>Demonstrate CPR proficiency</u>			
		Total Didactic and Skills Practice Laboratory Hours		
NOTE: Your training program must meet or exceed a minimum of <u>232</u> 208 total contact hours.			Contact hours of entire Training Program	

You may refer to the DOE Public Safety Telecommunications Program outline for further details on each of the occupational completion point(s). Website: http://www.fldoe.org/workforce/dwdframe/law_cluster_frame10.asp



- B.** Attach a copy of the course syllabus or course outline that is used for the Training Program that will document all areas of Part II, Section A of this application. **Attach as Attachment 2**
- C.** Specify the student to instructor ratio for the skills practice laboratory component of the program ____/____.
- D.** Submit an inventory of the training program's skills practice equipment.
If more than one instructional location, attach an inventory list for each location. **Attach as Attachment 3**
- E.** Attach a list of documents retained in a student's records. **Attach as Attachment 4**
- F.** Specify all pre-requisites or co-requisites to the program: **Attach as Attachment 5**
- G.** Attach a copy of the training program's admission requirements and student handbook.
Attach as Attachment 6
- H.** Attach a copy of the certificate of completion that is issued to the graduate that includes the course hours and date of completion. **Attach as Attachment 7**

Part III: Instructional Staff

- A.** Name of Program Coordinator: _____
- B.** Name of Lead Instructor: _____
- C.** Attach a description of the institution's qualification requirements for the position of, and the duties and responsibilities of the Program Coordinator and Lead Instructor(s). **Attach as Attachment 8**
- D.** Submit a CV or resume for the Program Coordinator and Lead Instructor(s) demonstrating they meet the qualification of their positions. **Attach as Attachment 9**

Part IV: Procedures for Determining Course Equivalency

- A.** Submit a completed application with all relevant material to the Bureau of EMS at least sixty (60) days prior to the date of the beginning of a program and within sixty (60) of approval expiring.
- B.** If the application is approved; you will be notified of the approval within thirty (30) days of the department's receipt of the application. The approval will be valid for a period of two consecutive years following the approval date.
- C.** If the application is not approved; you will be notified of the errors and omissions within thirty (30) days of the department's receipt of the application.



- D. The applicant will have 30 days to appropriately respond to the errors and omissions. If the applicant fails to appropriately respond to the errors and omissions within the thirty (30) day period, the application will no longer be considered valid. The institution has the right to reapply.
- E. The applicant must complete all departmental requirements within one hundred and twenty (120) days of receipt of this application by the department or this application will no longer be accepted (or considered valid). The institution has the right to reapply.
- F. Any changes to this application require written notification to the Bureau within 30 days of the change.
- G. Each applicant may receive a scheduled or unscheduled site visit by the department to verify that the information submitted within this application is true and correct.
- H. All training provided by a primary institution or a secondary institution must at a minimum address all of the most current occupational completion point(s) – Data Code A of the Florida Department of Education Public Safety Telecommunication Curriculum Framework Program Number P090101 effective date July 2010 ~~2009~~.

Part V: Definitions

- A. **Primary Institution** - means an educational institution having one designated program coordinator and single budget entity; for the purposes of providing Public Safety Telecommunication Education Programs, as approved by the department.
- B. **Secondary Institution** - means an educational institution having one designated program coordinator and single budget entity; for the purposes of providing supplemental educational opportunities to a primary institution. No more than 50% of the student's total contact hours may be completed at a secondary institution.
- C. **Program Coordinator** - The Program Coordinator is the individual responsible for course planning, organization, operation, administration, periodic review, program evaluation, continued development, effectiveness, and approval of the program. The Program Coordinator shall contribute an adequate amount of time to assure the success of the program. The Program Coordinator shall have appropriate training and experience to fulfill the role. The Program Coordinator shall have at least equivalent academic training and preparation and hold all credentials for which the students are being prepared. The Program Coordinator shall have training and education in education, evaluation, and be knowledgeable in administration of education and related legislative issues related to Public Safety Telecommunication Programs. The Program Coordinator shall assume ultimate responsibility for the administration of the didactic and skills practice laboratory components of the program. It is the Program Coordinator's responsibility to monitor all phases of the program and assure that they are appropriate and successful. The Program Coordinator may also serve as the Lead Instructor.



D. Lead Instructor - This individual is responsible for the teaching of a specific lesson(s) of the Public Safety Telecommunication course. The Lead Instructor shall have at least equivalent academic training and preparation and hold all credentials for which the students are being prepared. This individual shall be knowledgeable in all aspects of public safety telecommunications, in the techniques and methods of adult education, and managing resources and personnel. The Lead Instructor acts as the liaison between the students, the Institution, the local public safety community, and the state-level certifying agency. In addition, is responsible for assuring that the course goals and objectives set forth by the certifying agency are met. This individual shall be present at most, if not all, class sessions to assure program continuity and to be able to identify that the students have the cognitive, affective, and psychomotor skills necessary to function as a 911 Emergency Dispatcher. The Lead Instructor may also serve as the Program Coordinator.

Part VI: Certification Statement

We, the undersigned representatives of the primary institution described herein, do hereby certify that our institution meets all the standards for a Public Safety Telecommunication Training Program as provided in Florida Department of Education Curriculum Framework Program Number P090101. We further understand that any discrepancies found will subject the institution to corrective action and possibly being denied approval. Under penalties of perjury, I declare that I have read the forgoing and that the facts stated in it are true.

Program Coordinator's Signature

Date

Name of Person Completing Application

Title

Submit this completed application form with all requested attachments and fees to:

Florida Department of Health
Bureau of Emergency Medical Services/911 public safety telecommunicator
~~Emergency Dispatcher~~ Program
4052 Bald Cypress Way, Bin C 18
Tallahassee, Florida 32399-1738