

Section of Community Health & EMS

Division of Public Health
Department of Health and Social Services

Application for MICP Initial Training Course Approval

- Requests for MICP course approval for initial courses **MUST** be sent *120 days or more before the first day* of the class.
- All requests for course approval must be accompanied by a course outline which breaks the course into sections of **four hours or less**.

Name of Instructor:	Location of Class:
Mailing Address:	Dates of Class:
Contact Telephone:	Estimated Date of National Registry Examination:
Contact FAX:	Number of Classroom Hours:
E-mail Address:	Number of Students Planned:

Course Medical Director Statement

I hereby certify that I am familiar with the statutes and regulations for the State of Alaska governing the activities and responsibilities of a MICP Course Medical Director and that I will fulfill those responsibilities in this agreement.

Applicable regulations include: 7 AAC 26.172, 7 AAC 26.610, 7 AAC 26.630, and 7 AAC 26.662.

Printed Name: _____ AK License No. _____

Signature: _____ Date: _____

The following materials must be attached to this application and submitted at least 120 before the first day of the training program.

<input type="checkbox"/>	<p>Prospective class and laboratory schedule (plan for and present at least 500 hours of didactic instruction)</p>
<input type="checkbox"/>	<p>Requirements for clinical rotations (plan for and provide at least 232 hours of clinical instruction)</p>
<input type="checkbox"/>	<p>Requirements for field internship rotations (plan for and ensure at least 480 hours of field internship in accordance with 12 AAC 40.325)</p> <p>In addition the student will have to document 40 advanced life support emergency patient encounters, including at least 10 cardiac, 10 respiratory, 10 trauma, and 10 general medical emergencies.</p>
<input type="checkbox"/>	<p>A list of Advisory Board members as required by 7 AAC 26.172 (9)</p>
<input type="checkbox"/>	<p>A copy of the written agreement a physician who meets the qualifications for an MICP Course Medical Director and agrees to fulfill the responsibilities outlined in 7 AAC 26.662(b)</p>
<input type="checkbox"/>	<p>A copy of written agreements with institutions and agencies that are to provide clinical experience to MICP students. These agreements must comply with 7 AAC 26.172 (6) (A)-(C)</p>
<input type="checkbox"/>	<p>A copy of the written agreement/s with one or more advanced life support emergency medical services agencies that have a sufficient call volume to provide students with access to patients, distributed by age and sex, who present common problems in the delivery of advanced life support pre-hospital emergency patient care. These agreements must comply with 7 AAC 26.172 (7) (A)-(E)</p>
<input type="checkbox"/>	<p>A copy of the plan to verify the student's achievement of objectives stated in the didactic instruction, clinical instruction, and field internship portions of the MICP curriculum</p>
<input type="checkbox"/>	<p>A copy of the attendance policy required under 7 AAC 26.172 (14)</p>

Affidavit of MICP Course Coordinator Requirements

I hereby certify that I am familiar with the statues and regulations of the State of Alaska governing the activities and responsibilities of a MICP Course Coordinator, and that I will fulfill those responsibilities in this application and in my teaching of the MICP Course. Furthermore, I attest to the fact that all of the following requirements are in place for the MICP Course for which I am seeking approval. I have retained a copy of this agreement for my records.

Initial before each line	Requirement
	I am a certified as a MICP Course Coordinator by the State of Alaska.
	I agree to fulfill the responsibilities set out in 7 AAC 26.176.
	I agree to use a curriculum that meets the requirements outlined in 12 AAC 40.320, and the skills listed in the August, 1997 revision of the department's Alaska Paramedic Program Skill List, adopted by reference.
	I will provide evidence that sufficient medical and educational equipment, in reliable working condition, and other appropriate instructional materials will be available to meet the training needs of the paramedic training course.
	I agree to limit enrollment to an individual who is currently registered by the National Registry of Emergency Medical Technicians (NREMT) at either the NREMT-Basic or NREMT-Intermediate levels, or who is certified in Alaska at the EMT-I, EMT-II, or EMT-III levels
	I agree that the advisory board will meet at least quarterly when the paramedic training course is in session.
	I agree to ensure that students are clearly identified, whenever they are in clinical instruction and field settings, by name plate, uniform, or other apparent means to distinguish them from licensed MICPs, other health professionals, workers, and students.
	I agree to provide graduates of the training course with evidence of successful course completion signed by the course medical director and the MICP course coordinator.
	I will require students to pass, as a condition of successful course completion and eligibility for examinations for licensing under 12 AAC 40.310, comprehensive written and practical examinations that are representative of the type and complexity of examinations used for MICP licensing.

Initial before each line	Requirement
	I will ensure that the student has demonstrated competence in the skills listed in the August 1997 revision of the department's Alaska Paramedic Program Skill List, adopted by reference in this section, before the beginning of the field internship.
	I agree to arrange for an initial written and practical examination under 12 AAC 40.310(a) (6) to take place within six months following completion of the didactic instruction portion of the course.
	I agree to maintain during the course, and make accessible to the department within two working days of receipt of a written request from the department, the records listed in 7 AAC 26.176(a) (9).

<i>Notary Public</i>	
I certify under penalty of perjury that the foregoing is true and accurate.	
_____ Signature of MICP Course Coordinator	_____ Date
THIS IS TO CERTIFY that on this ____ day of _____, 200____, before me appeared _____ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.	
_____ My Commission Expires _____	