



## 911 Public Safety Telecommunicator Training Program Application

**This form is incorporated by reference in rule 64J-3.002**

TYPE or PRINT in CAPITAL LETTERS (Please read instructions carefully before completing. All sections of this application are required to be completed unless otherwise noted. Omissions will delay processing.)

**Please return completed application with attachments, along with your non-refundable payment for corresponding fees to:**

Florida Department of Health  
Bureau of EMS/911 PST Program  
4052 Bald Cypress Way Bin A-22  
Tallahassee, FL 32399-1722

### 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 telecommunication training is conducted by more than one institution and/or location, list the name of the secondary institution and/or 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 12 student performance standards required for the Department of Education's Public Safety Telecommunication 232 hour course. Indicate the page number(s) of your course outline where your program addresses each of the occupational completion points 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	Understand the roles/duties of a public safety telecommunicator		
2.0	Describe and understand professionalism, ethics, and legal concepts as it relates to a PST.		
3.0	Identify and explain the operation of communication equipment and resources		
4.0	Demonstrate communication and interpersonal skills.		
5.0	Describe guidelines and operational standards of call classification and prioritization.		
6.0	Identify and perform the operational skills of a call taker.		
7.0	Identify and perform the operational skills of a dispatcher.		
8.0	Understand the basic principles of Law Enforcement, and dispatch processes.		
9.0	Understand the basic principles of emergency medical services (EMS), and dispatch processes.		
10.0	Understand the basic principles of fire services and dispatch processes.		
11.0	Understand the basic principles and components of Emergency Management and Homeland Security.		
12.0	Comprehend stress management techniques for PST's.		
<p>You may refer to the DOE Public Safety Telecommunications Program outline for further details on each of the occupational completion point(s).            Website: <a href="http://www.fldoe.org/workforce/dwdframe/law_cluster_frame14.asp">http://www.fldoe.org/workforce/dwdframe/law_cluster_frame14.asp</a></p>		<b>Total Didactic and Skills Practice Laboratory Hours</b>	
<p><b>NOTE: Your training program must meet or exceed a minimum of 232 total contact hours.</b></p>			<b>Contact hours of entire Training Program</b>

- 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. \_\_\_\_\_ students/ \_\_\_\_\_ instructor
- 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/Email of Program Coordinator: \_\_\_\_\_
- B. Name of Lead Instructor(s): \_\_\_\_\_
- 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 qualifications 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 EMO at least sixty (60) days prior to the date of the beginning of a program and within sixty (60) days 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 thirty (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 thirty (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 occupational completion points of the most recently approved Florida Department of Education, Public Safety Telecommunication Curriculum Framework, Program Number 9101000/P090101.

## **PART V: Definitions**

**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.

**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.

**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.

**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 Telecommunicator Training Program as provided in Florida Department of Education Curriculum Framework. We further understand that any discrepancies found will subject the institution to corrective action and possibly being denied approval.

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Program Coordinator's Signature

Date

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Name of Person Completing Application

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Title

Submit this completed application form with all requested attachments and a non-refundable \$50 check to:

Florida Department of Health  
Bureau of Emergency Medical Oversight  
911 Public Safety Telecommunicator Program  
4052 Bald Cypress Way, Bin A-22  
Tallahassee, FL 32399-1722