



El Dorado County EMS Agency Continuing Education (CE) Provider Program Application



<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Program Update
----------------------------------	----------------------------------	---

Type of Entity or Organization	
<input type="checkbox"/> EMS Training Program <input type="checkbox"/> University/College/School <input type="checkbox"/> Service Provider <input type="checkbox"/> Other Governmental Agency	<input type="checkbox"/> Base Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Individual <input type="checkbox"/> Other CE Provider

CE Provider Name:

Current CE Provider # (renewal applicants only):

Street Address:

City:	State:	Zip Code:
-------	--------	-----------

Telephone:	Fax:	Email:
------------	------	--------

CE Provider Program Director Name:

CE Provider Clinical Director Name:

I certify that I have read and understand the El Dorado County EMS Agency "Continuing Education (CE) Provider Requirements and Approval Process" policy, and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit & review provisions described. Furthermore, I certify that all information on this application is true and correct to the best of my knowledge.

CE Provider Program Director Signature Date

CE Provider Program Clinical Director Signature Date

CE Provider Program Clinical Director Signature Date

Required Supporting Documentation	
<input type="checkbox"/> Resume, copy of a current EMS certification/license, and copies of instructor course completion documentation (Fire Instructor 1A & 1B, EMS Educator Course, etc.) for the CE Program Director	
<input type="checkbox"/> Resume and copy of a current EMS certification or license for the CE Clinical Director	
<input type="checkbox"/> Copy of proposed CE Certificate	

El Dorado County EMS Agency Use Only					
Application Received	Reviewed By	Approval Date	Renewal Date	Provider #	Method of Payment