

EL DORADO COUNTY EMERGENCY MEDICAL SERVICES AGENCY

EMT TRAINING PROGRAM COURSE CLINICAL COORDINATOR FORM

Paramedic currently licensed in California, and shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years.			
Name of Training Program:			
Name of Training Program Clinical Coordinator:			
Street Address:			
City:	State:		Zip Code:
Telephone:		Email:	
Professional License Type:			
Professional License #:		Expiration Date:	
Teaching Credentials:			
Signature of Training Program Clinical C	oordinator	Date	