



APPLICATION FOR AUTHORIZATION AS APPROVED PROVIDER OF PREHOSPITAL CONTINUING EDUCATION (CE)

New Renewal Update Provider # 30-

CE Program Name		
Mailing Address		
Number, Street		
Suite		
City, State, Zip Code		
Primary Contact Person		
Phone		
Fax		
Email		
CE Program Website		
Program Director (name, title)		
Email		
Clinical Director (name, title)		
Email		
CE is offered to (select one)	<input type="checkbox"/> employees only <input type="checkbox"/> open to the public	
PROVIDER IS A/AN: (CHECK ONE)		
<input type="checkbox"/> Local EMS Agency	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Other Governmental Agency
<input type="checkbox"/> Base Hospital	<input type="checkbox"/> EMT or EMT-P Training Program	<input type="checkbox"/> Individual
<input type="checkbox"/> Other Hospital	<input type="checkbox"/> University / College	<input type="checkbox"/> Other CE Provider
	<input type="checkbox"/> Other School	

Submit the following, as indicated:

- Resumés of CE Program Director and Clinical Director, and the primary instructor if identified
- Course completion certificate of teaching methodology class (e.g., NAEMSE, CSFM Instructor Course)
- Sample course completion certificate (CE slip)
- Sample course roster / sign-in sheet
- List of continuing education courses
- Program updates only (e.g., changes in address, contact information, primary contact, etc.)
- List of instructors and their resumes/CV that will be facilitating continuing education

I certify that I have read and understand the California Emergency Medical Services (EMS) Continuing Education chapter in Title 22 (Division 9, Chapter 11) and OCEMS Policy #530.00 and that this CE provider will comply with all components and requirements described therein. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

SIGNATURE – _____

Continuing Education Program Director

Date: _____

This application, with supporting documentation, should be submitted to:

Vicki Sweet, RN – ALS/CQI Coordinator vsweet@ochca.com
Orange County Emergency Medical Services
405 W. Fifth Street, Suite 301A, Santa Ana, CA 92701
Phone: (714) 834-3500 FAX: (714) 834-3125

OCEMS use only

Please submit application and requested information by e-mail.

Application Rec'd Date	Reviewed By	Effective Date	Expiration Date	Provider Number	OCEMS Approval	EMSA notification
				30 –		
Comments						