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

☐ New ☐ Renewal ☐ Update Provider # **30-**_____ (if applicable)

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)	Employees only Open to the public
Is CE Provider affiliated with a CPR Training Center?	Yes No If yes, write name_____

PROVIDER IS A/AN: (CHECK ONE)

☐ Local EMS Agency	☐ Service Provider	☐ Other Governmental Agency
☐ Base Hospital	☐ EMT or EMT-P Training Program	☐ Individual
☐ Other Hospital	☐ University / College	☐ Other CE Provider
	☐ Other School	

Submit the following:

☐ Résumés of CE Program Director and Clinical Director, and the list of Instructors, if applicable.
☐ Program Director's course completion certificate of teaching methodology class (*e.g.,* NAEMSE, CSFM Instructor Course)
☐ Sample course completion certificate (CE slip)
☐ Statement explaining by which method Continuing Education will be provided
☐ List of CE courses and method by which they are taught, meeting national standard curriculum as specified in Title 22, Division 9, Chapter 11
☐ OCEMS established fee (Reference OCEMS Policy #470.00)

**Additional items may be requested upon review.*

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:

Orange County Emergency Medical Services
405 W. Fifth Street, Suite 301A
Santa Ana, CA 92701
Phone: (714) 834-3500 FAX: (714) 834-3125
emslicensing@ochca.com

OCEMS use only

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