# APPLICATION for APPROVAL as an EMT TRAINING PROGRAM

**Provider # 30**

<table>
<thead>
<tr>
<th>Program Name</th>
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<tbody>
<tr>
<td>Mailing address</td>
<td></td>
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<tr>
<td>Training site(s) address</td>
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**Telephone and Website**

<table>
<thead>
<tr>
<th>Is applicant a Calif. EMT certifying entity?</th>
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<tbody>
<tr>
<td>Program Director</td>
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<td>Telephone and Email</td>
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<tr>
<td>Clinical Director</td>
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<td>Telephone and Email</td>
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<tr>
<td>Primary Instructor</td>
<td>(If more than one submit list)</td>
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<td>Telephone and Email</td>
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**Provider type**  
(check one)

- Branch of the Armed Forces
- College or University in OC
- Individual / Private Party
- Licensed acute care hospital
- Public safety agency
- Private post-secondary school
- School district / ROP
- Other: specify

- Bureau of Private Postsecondary Education
- CoAEMSP
- **not applicable**

**Program ID number:**  
**Approval period:**  
from **to**

**Type of training offered**  
(check all that apply)

- EMR (for high school students)
- EMT basic / initial training
- EMT refresher class
- EMT challenge examination
- OC EMT accreditation
- other training (e.g., CPR)
- continuing education (CE) classes

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I certify that I have read and understand the responsibilities and expectations as outlined in CA Code of Regulations, Title 22, Division 9, Chapter 2 (Emergency Medical Technician) and Chapter 11 (EMS Continuing Education) and OCEMS policies #510.00 & #530.00. If at any time this program is out of compliance with any of the above, I will notify OCEMS within 15 working days. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

**SIGNATURE** —  
Program Director  
Date

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**OCEMS use only**

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<thead>
<tr>
<th>Application Rec’d Date</th>
<th>Reviewed By</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Provider Number</th>
<th>Provider type</th>
<th>CE/Skills/Tng</th>
<th>EMSA notification</th>
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**Comments**

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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