



APPLICATION for APPROVAL as an EMT TRAINING PROGRAM

New
 Renewal
 Update
 Provider # 30-_____

Program Name	
Mailing address	
Training site(s) address	
Telephone and Website	
Is applicant a Calif. EMT certifying entity?	
Program Director	
Telephone and Email	
Clinical Director	
Telephone and Email	
Primary Instructor (If more than one submit list)	
Telephone and Email	
Provider type (check one) <input type="checkbox"/> Branch of the Armed Forces <input type="checkbox"/> Licensed acute care hospital <input type="checkbox"/> School district / ROP <input type="checkbox"/> College or University in OC <input type="checkbox"/> Public safety agency <input type="checkbox"/> Other: specify _____ <input type="checkbox"/> Individual / Private Party <input type="checkbox"/> Private post-secondary school _____	
<input type="checkbox"/> Bureau of Private Postsecondary Education <input type="checkbox"/> CoAEMSP <input type="checkbox"/> not applicable	Program ID number: _____ Approval period: from _____ to _____
Type of training offered <i>check all that apply</i> Open to Public _____ Employees Only _____	<input type="checkbox"/> EMR (for high school students) <input type="checkbox"/> EMT basic / initial training <input type="checkbox"/> EMT refresher class <input type="checkbox"/> EMT challenge examination <input type="checkbox"/> OC EMT accreditation <input type="checkbox"/> other training (e.g., CPR) <input type="checkbox"/> continuing education (CE) classes

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 – _____ Date _____
Program Director

OCEMS use only

Application Rec'd Date	Reviewed By	Effective Date	Expiration Date	Provider Number	Provider type CE/Skills/Tng	EMSA notification
				30 –		
Comments	Invoiced: _____ Fees received: _____					

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

Maria Nava – EMS Licensing mnava@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