



EL DORADO COUNTY EMERGENCY MEDICAL SERVICES

REPORTING PERIOD

Year:

Reporting Period: Period 1 (1/1-6/30) Period 2 (7/1 – 12/31)

EMT TRAINING PROGRAM INFORMATION AND PERSONNEL

EMT Training Program:

Program Director:

Clinical Coordinator:

Principal Instructor:

Additional Instructor:

Additional Instructor:

Number of Lab Instructors:

Indicate below any additional pertinent training program personnel information/changes/notes

COMMUNICATIONS/PROGRAM UPDATES/PROGRAM ISSUES

Indicate below any new class starts that occurred during the reporting period (include location, didactic beginning/ending dates and number of enrolled students)

Indicate below any LEMSA or NREMT communications or LEMSA meetings attended during the reporting period



COMMUNICATIONS/PROGRAM UPDATES/PROGRAM ISSUES (continued)

Indicate below any substantive changes related to the provision of student clinical experience (new/cancelled contracts, significant contract changes/issues)

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Indicate below any current issues placing students in the clinical experience phase of their training, and what is being done to address the issue(s) if applicable

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Indicate below a summary and outcome of any student complaints received/addressed during the reporting period

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Indicate below any other pertinent program issues/concerns/notes/etc.

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REPORT SUBMISSION INFORMATION

Name and Title of Person Completing/Submitting Report:

Date of Report Submission to El Dorado County EMS: