El Dorado County EMS Agency Continuing Education (CE) Provider Program Application

☐ Initial ☐ Renewal ☐ Program Update

Type of Entity or Organization

☐ EMS Training Program
☐ University/College/School
☐ Service Provider
☐ Other Governmental Agency
☐ Base Hospital
☐ Other Hospital
☐ Individual
☐ Other CE Provider

CE Provider Name:

Current CE Provider # (renewal applicants only):

Street Address:

City:	State:	Zip Code:
Telephone:	Fax:	Email:

CE Provider Program Director Name:

CE Provider Clinical Director Name:

I certify that I have read and understand the El Dorado County EMS Agency "Continuing Education (CE) Provider Requirements and Approval Process" policy, and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit & review provisions described. Furthermore, I certify that all information on this application is true and correct to the best of my knowledge.

_____ _____
CE Provider Program Director Signature Date

_____ _____
CE Provider Program Clinical Director Signature Date

Required Supporting Documentation

☐ Resume, copy of a current EMS certification/license, and copies of instructor course completion documentation (Fire Instructor 1A & 1B, EMS Educator Course, etc.) for the CE Program Director

☐ Resume and copy of a current EMS certification or license for the CE Clinical Director

☐ Copy of proposed CE Certificate

El Dorado County EMS Agency Use Only

Application Received	Reviewed By	Approval Date	Renewal Date	Provider #	Method of Payment