

## EL DORADO COUNTY EMERGENCY MEDICAL SERVICES AGENCY

## **EMR TRAINING PROGRAM COURSE LOCATION & PROPOSED DATES FORM**

Training Program:		
Form Completion Date:		
Indicate the location and proposed dates of each EMR Course offered by your training program.		
Proposed Course Dates:		
Class Site Street Address:		
City:	County:	Zip Code:
Principal Instructor:		
Proposed Course Dates:		
Class Site Street Address:		
City:	County:	Zip Code:
Principal Instructor:		
Proposed Course Dates:		
Class Site Street Address:		
City:	County:	Zip Code:
Principal Instructor:		

From South Lake Tahoe: (530) 573-7955 x6500 Fax: (530) 621-2758