

Sierra-Sacramento Valley EMS Agency
APPLICATION FOR APPROVAL
EMS CONTINUING EDUCATION PROVIDER

PLEASE PRINT OR TYPE

1. CE PROVIDER NAME: _____

2. PHONE #: () _____ 3. FAX #: _____

3. PROVIDER HEADQUARTERS: _____
STREET AND NUMBER

_____ CITY STATE ZIP CODE

4. PROVIDER MAILING ADDRESS (if different from above): _____

_____ EMAIL ADDRESS _____

5. _____
 Continuing Education Program Director (full name/title) Attach **Resume**

6. _____
 Continuing Education Clinical Director (full name/title) **Attach Resume**

7. Provider is a/an (check one):

- | | |
|-------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Local EMS Agency | <input type="checkbox"/> University/College |
| <input type="checkbox"/> Base Hospital | <input type="checkbox"/> Other School |
| <input type="checkbox"/> Other Hospital | <input type="checkbox"/> Other Governmental Agency |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Individual |
| <input type="checkbox"/> EMT-P Training Program | <input type="checkbox"/> Other CE Provider |

8. **Attach resumes** of Continuing Education Program Director and Clinical Director, demonstrating that individual's experience and qualification in prehospital care/education, in accordance with S-SV Policy "Continuing Education (CE) Provider Requirements and Approval Process," Reference No. 1001.

9. **Attach copy of your C.E. Certificate.**

I certify that I have read and understand the S-SV Policy "Continuing Education Provider Requirements and Approval Process," Reference NO. 1001 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, to the best of my knowledge, is true and correct.

 Signature Continuing Education Program Director Date

 Signature Continuing Education Clinical Director Date

Submit this application, with appropriate supporting documentation to:

Quality Improvement/Education Coordinator
 Sierra-Sacramento Valley EMS Agency
 5995 Pacific Street, Rocklin, CA 95677 (916) 625-1702

(S-SV EMS Agency Use Only)

Application Rec/d	Reviewed by	Approval date	Renewal date	Provider #