



PARAMEDIC TRAINING PROGRAM MEDICAL DIRECTOR FORM

Attach Resume: The program medical director shall be a Physician currently licensed in the State of California, who has two (2) years experience in prehospital care in the last five (5) years, and who is qualified by education or experience in methods of instruction.

Name of Training Program:

Name of Medical Director:

Street Address:

City:

State:

Zip Code:

Telephone:

Email:

CA Physician License #:

Expiration Date:

Teaching Credentials:

Signature of Training Program Medical Director

Date