



**Sierra – Sacramento Valley EMS Agency
Continuing Education (CE) Provider Program Application
Reference No. 1001-A**



<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Program Update			
Type of Entity or Organization					
<input type="checkbox"/> EMS Training Program	<input type="checkbox"/> Base Hospital				
<input type="checkbox"/> University/College/School	<input type="checkbox"/> Other Hospital				
<input type="checkbox"/> Service Provider	<input type="checkbox"/> Individual				
<input type="checkbox"/> Other Governmental Agency	<input type="checkbox"/> 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:					
<p>I certify that I have read and understand the S-SV EMS Agency “Continuing Education (CE) Provider Requirements and Approval Process” policy (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 is true and correct to the best of my knowledge.</p>					
_____ CE Provider Program Director Signature		_____ Date			
_____ CE Provider Program Clinical Director Signature		_____ Date			
Required Supporting Documentation					
<input type="checkbox"/> 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					
<input type="checkbox"/> Resume and copy of a current EMS certification or license for the CE Clinical Director					
<input type="checkbox"/> Copy of proposed CE Certificate					
S-SV EMS Agency Use Only					
Application Received	Reviewed By	Approval Date	Renewal Date	Provider #	Method of Payment