

## **CCP Training Program Principal Instructor Form**

## **CCP TRAINING PROGRAM PRINCIPAL INSTRUCTOR QUALIFICATIONS & DUTIES**

Each CCP training program shall have a principal instructor who is either licensed in California as a
physician with knowledge in the subject matter, a registered nurse knowledgeable in the subject matter, or
a paramedic with current CCP certification or a flight paramedic (FP) certification from the International
Board of Specialty Certification (IBSC) Board for Critical Care Transport Paramedic Certification
(BCCTPC).

| CCP TRAINING PROGRAM PRINCIPAL INSTRUCTOR INFORMATION (ATTACH RESUME)  |        |                          |           |      |
|--|--------|--------------------------|-----------|------|
| Training Program Name:   |        |                          |           |      |
| CCP Training Program Principal Instructor Name:  |        |                          |           |      |
| Street Address:  |        |                          |           |      |
| City:  | State: |                          | Zip Code: |      |
| Telephone Number:  |        | Email:                   |           |      |
| Professional License Type:   |        |                          |           |      |
| License #:   |        | License Expiration Date: |           |      |
| CCP TRAINING PROGRAM PRINCIPAL INSTRUCTOR ATTESTATION & SIGNATURE  |        |                          |           |      |
| I hereby certify under penalty of perjury that all information listed on this form and attached resume is true and correct to the best of my knowledge and belief. I understand that any falsification or omission of material facts may cause denial, suspension or withdrawal of paramedic or CCP training program approval. |        |                          |           |      |
| Name   |        | Signature                |           | Date |
|  |        |                          |           |      |
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