



**APPLICATION FOR AUTHORIZATION AS APPROVED
PROVIDER OF PREHOSPITAL CONTINUING EDUCATION (CE)**

OCEMS P/P #530.00
Attachment 1

New Renewal Update Provider # 30- (if applicable)

CE Program Name			
Mailing Address		Number, Street	
		Suite	
		City, State, Zip Code	
Primary Contact Person			
Phone			
Fax			
Email			
CE Program Website			
Program Director (name, title)			
Email			
Clinical Director (name, title)			
Email			
CE is offered to (select one)		Employees only	Open to the public
Is CE Provider affiliated with a CPR Training Center?		Yes	No
PROVIDER IS A/AN: (CHECK ONE)			
<input type="checkbox"/> Local EMS Agency		<input type="checkbox"/> Service Provider	
<input type="checkbox"/> Base Hospital		<input type="checkbox"/> EMT or EMT-P Training Program	
<input type="checkbox"/> Other Hospital		<input type="checkbox"/> University / College	
		<input type="checkbox"/> Other School	
<input type="checkbox"/> Individual		<input type="checkbox"/> Other CE Provider	

Submit the following:

- Résumés of CE Program Director and Clinical Director, and the list of Instructors, if applicable.
- Program Director's course completion certificate of teaching methodology class (e.g., NAEMSE, CSFM Instructor Course)
- Sample course completion certificate (CE slip)
- Statement explaining by which method Continuing Education will be provided
- List of CE courses and method by which they are taught, meeting national standard curriculum as specified in Title 22, Division 9, Chapter 11
- OCEMS established fee (Reference OCEMS Policy #470.00)

*Additional items may be requested upon review.

I certify that I have read and understand the California Emergency Medical Services (EMS) Continuing Education chapter in Title 22 (Division 9, Chapter 11) and OCEMS Policy #530.00 and that this CE provider will comply with all components and requirements described therein. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

Date: _____

SIGNATURE –

Continuing Education Program Director

This application, with supporting documentation, should be submitted to:

Orange County Emergency Medical Services

405 W. Fifth Street, Suite 301A

Santa Ana, CA 92701

Phone: (714) 834-3500 FAX: (714) 834-3125

emslicensing@ochca.com

OCEMS use only

Application Rec'd Date	Reviewed By	Effective Date	Expiration Date	Provider Number	OCEMS Approval	EMSA notification
Comments						