



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

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)	<input type="checkbox"/> employees only <input type="checkbox"/> open to the public
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"/> Other Governmental Agency
	<input type="checkbox"/> Individual
	<input type="checkbox"/> Other CE Provider

Submit the following:

- Résumés of CE Program Director and Clinical Director, and the primary instructor if identified
- Program Director's course completion certificate of teaching methodology class (e.g., NAEMSE, CSFM Instructor Course)
- Sample course completion certificate (CE slip)
- OCEMS established fee

**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.

SIGNATURE – _____
Continuing Education Program Director

Date: _____

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						