***EMT Skills Competency Verifiers***

*Program name*

|  |  |  |  |
| --- | --- | --- | --- |
| **Program type** | **Date** | **Submitted by** | **Reason for submission** |
| [ ]  EMT/paramedic training program[ ]  approved CE provider[ ]  public safety agency[ ]  private ambulance provider[ ]  other EMS provider |  |    (name & title: role within Program) | [ ]  change / update[ ]  annual listing  (due to OCEMS by Jan 15 of each year) |

**RETURN COMPLETED FORM TO ORANGE COUNTY EMS; ATTENTION CE & TRAINING COORDINATOR**

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| --- | --- | --- |
| ***Name (typed)*** | ***Certification / license #*** | ***Signature*** |
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ems share:EMT training programs\misc info & forms\SCV approved signers\_TEMPLATE