***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