



# EMT Skills Competency Verifiers

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Program name

Program type	Date	Submitted by	Reason for submission
<input type="checkbox"/> EMT/paramedic training program <input type="checkbox"/> approved CE provider <input type="checkbox"/> public safety agency <input type="checkbox"/> private ambulance provider <input type="checkbox"/> other EMS provider		_____ _____ (name & title: role within Program)	<input type="checkbox"/> change / update <input type="checkbox"/> annual listing <small>(due to OCEMS by Jan 15 of each year)</small>

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

Name (typed)	Certification / license #	Signature

**\*Notify OCEMS any changes with your training programs skills competency verifiers. Send changes to EMSlicensing.com.**