



**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"/> Other Governmental Agency |
| <input type="checkbox"/> Base Hospital | <input type="checkbox"/> EMT or EMT-P Training Program | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Other Hospital | <input type="checkbox"/> University / College | <input type="checkbox"/> Other CE Provider |
| | <input type="checkbox"/> Other School | |

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)
- Statement explains by which method Continuing Education will be provided.
- CE Course Curriculum meeting national standard curriculum as specified in Title 22, Division 9, Ch. 11.
- OCEMS established fee (Reference OCEMS Policy #470.00)

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 | | | | | | |