



CONTINUING EDUCATION PROVIDER APPLICATION

Initial Application

Renewal

Program Change

CE PROVIDER FEES: Agencies of Government, Hospitals, and Community Colleges **\$1,000.00**
 Private Programs **\$2,000.00**

CE PROVIDER NAME: _____

PROVIDER LOCATION (County of primary headquarters): _____

MAILING ADDRESS: _____
 Street _____ City _____ State _____ Zip _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

PROGRAM DIRECTOR: _____

CLINICAL DIRECTOR: _____

TYPE OF AGENCY (Check One):

PREHOSPITAL SERVICE PROVIDER AGENCY

BASE HOSPITAL

OTHER HOSPITAL

EMT TRAINING PROGRAM

EMT-P TRAINING PROGRAM

OTHER SCHOOL

INDIVIDUAL

OTHER: _____

ESTIMATED NUMBER OF CE COURSES TO BE OFFERED PER YEAR: _____

I certify that I have read and understand the requirements in Title 22, Division 9, Chapter 11, to be an approved CE provider and will comply with the requirements as described. I certify that all information on this application, to the best of my knowledge, is true and correct. I understand that failure to comply with the requirements in Title 22 may result in revocation of my CE provider status.

Program Director Signature: _____ **Date:** _____
 (MM/DD/YYYY)

For Alameda County EMS Use Only

Packet Received	Application Incomplete - Returned	Approval Date	Expiration Date	Provider Number	Reviewed By


Comments: _____

CE PROVIDER PROGRAM

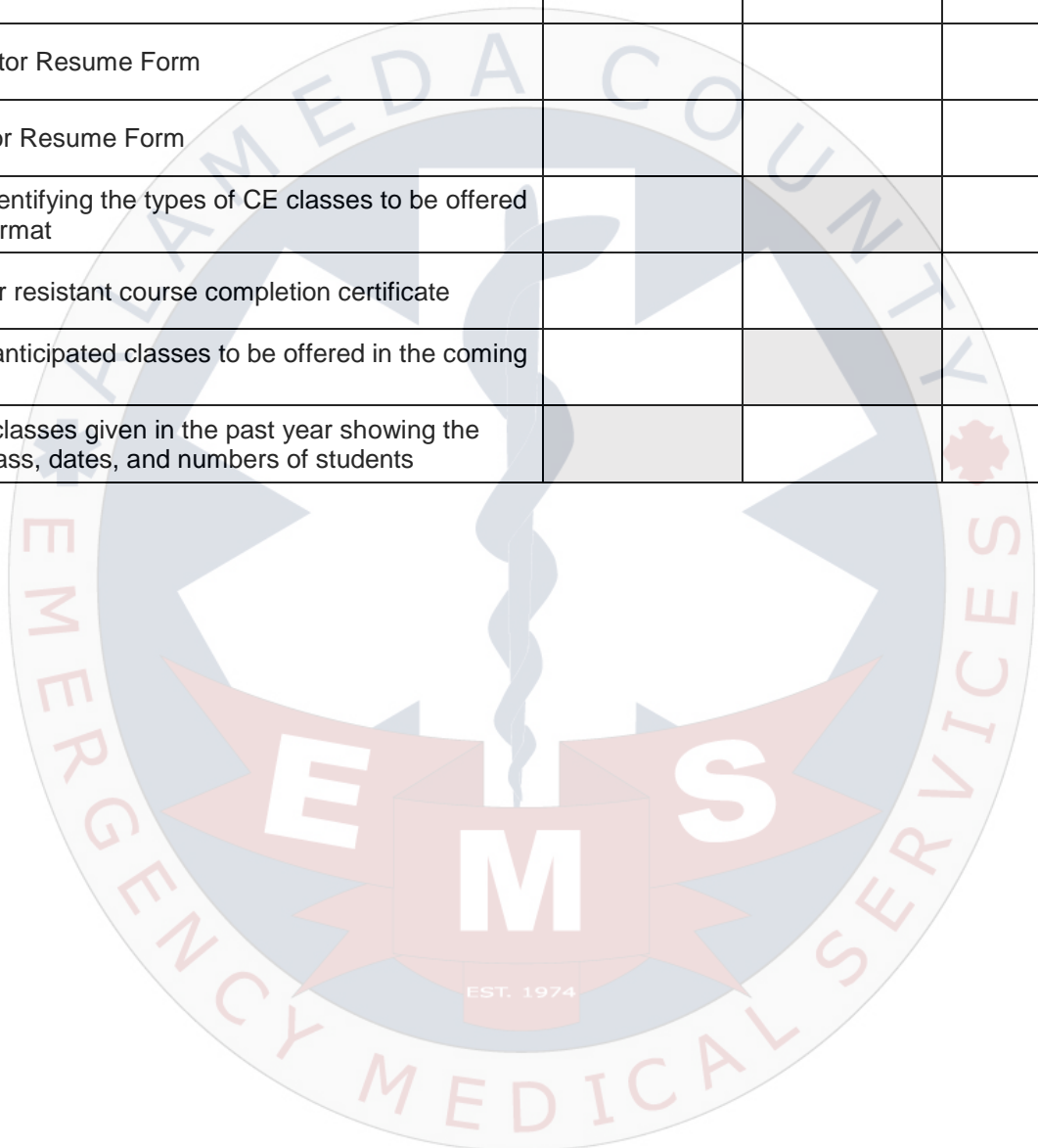
Application Check-list

The following material must be submitted with your initial or renewal application form. Failure to provide the required material will delay your approval or re-approval as a CE Provider. Shaded boxes not required.

If the application is for a program or clinical director change, the application and appropriate resume form are only required.

Material to be submitted:	Initial program	Program Renewal	EMS agency use
Application form			
Program Director Resume Form			
Clinical Director Resume Form			
A statement identifying the types of CE classes to be offered and delivery format			
Sample tamper resistant course completion certificate			
A calendar of anticipated classes to be offered in the coming year			
A calendar of classes given in the past year showing the name of the class, dates, and numbers of students			

Not Required



Please return this application to:

Kreig Harmon, Paramedic
 Prehospital Care Coordinator
 Alameda County EMS
 1000 San Leandro Blvd., 2nd floor
 San Leandro, CA 94577
 (510) 667-7984

CONTINUING EDUCATION PROGRAM

PROGRAM DIRECTOR INFORMATION SHEET

Name: _____
Last First MI

Agency: _____

Address: _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____ **Fax:** _____

E-mail: _____

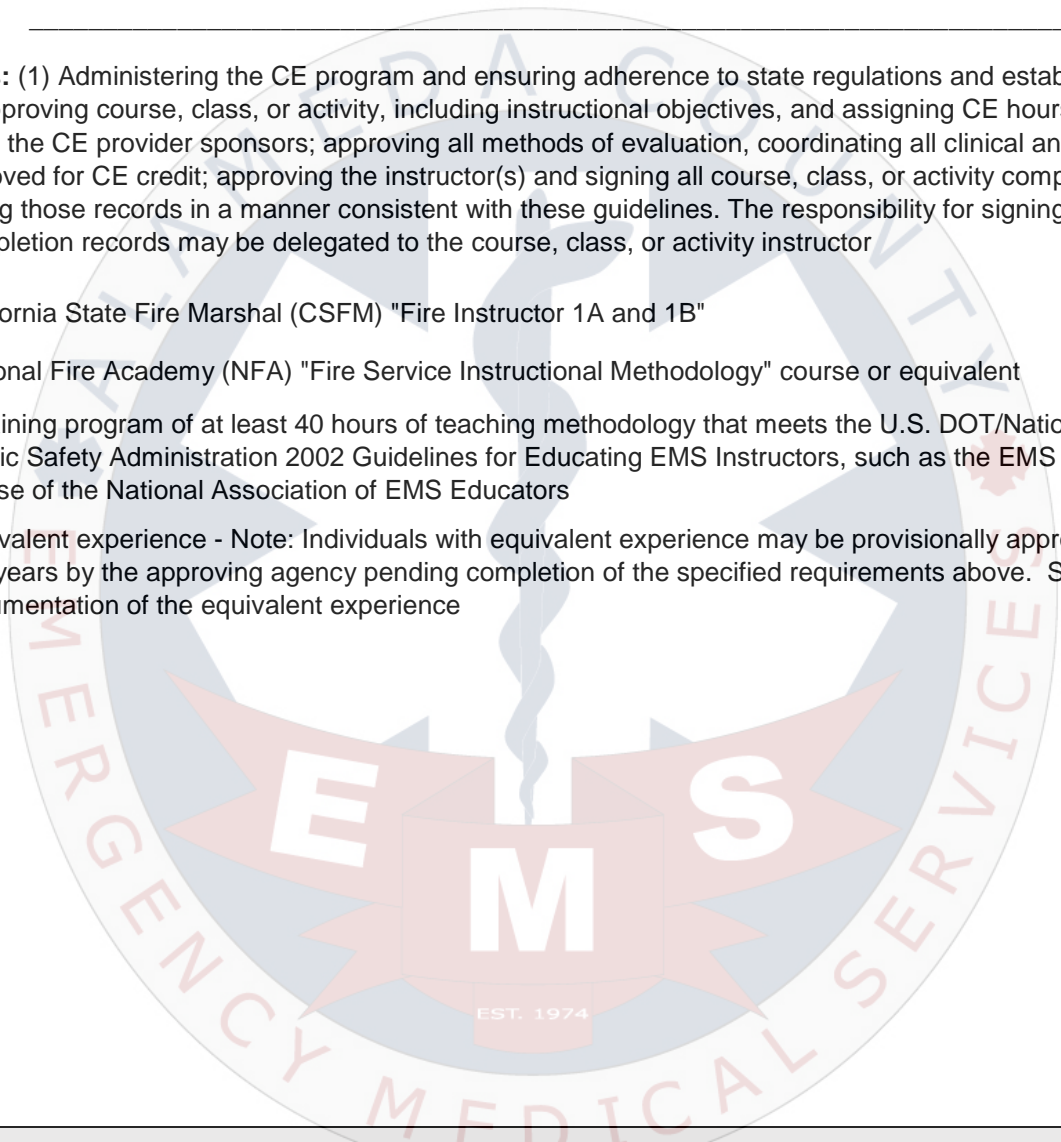
Qualifications: (1) Administering the CE program and ensuring adherence to state regulations and established local policies. (2) Approving course, class, or activity, including instructional objectives, and assigning CE hours to any CE program which the CE provider sponsors; approving all methods of evaluation, coordinating all clinical and field activities approved for CE credit; approving the instructor(s) and signing all course, class, or activity completion records and maintaining those records in a manner consistent with these guidelines. The responsibility for signing course, class, or activity completion records may be delegated to the course, class, or activity instructor

California State Fire Marshal (CSFM) "Fire Instructor 1A and 1B"

National Fire Academy (NFA) "Fire Service Instructional Methodology" course or equivalent

A training program of at least 40 hours of teaching methodology that meets the U.S. DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the EMS Educator course of the National Association of EMS Educators

Equivalent experience - Note: Individuals with equivalent experience may be provisionally approved for up to two years by the approving agency pending completion of the specified requirements above. Submit documentation of the equivalent experience



I certify that I have read and understand the requirements in Title 22, Chapter 11, including the duties of the Program Director, delivery formats and limitations, and CE Provider requirements, and will comply with the requirements as described. I certify that all information on this application, to the best of my knowledge, is true and correct.

Signature: _____ **Date:** _____
(MM/DD/YYYY)

CONTINUING EDUCATION PROVIDER

CLINICAL DIRECTOR INFORMATION SHEET

Name: _____
Last First MI

Agency: _____

Address: _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____ **Fax:** _____

E-mail: _____

Qualifications: Each CE provider shall have an approved clinical director who is currently licensed as a physician, registered nurse, physician assistant, or paramedic. In addition, the clinical director shall have had two years of academic, administrative or clinical experience in emergency medicine or EMS care within the last five years. The duties of the clinical director shall include, but not be limited to, monitoring all clinical and field activities approved for CE credit, approving the instructor(s), and monitoring the overall quality of the EMS content of the program

California License: (submit a copy)

- Physician
- Registered nurse
- Physician assistant
- Paramedic

Experience: (submit documentation (may be on resume) of at least two years experience in emergency medicine or prehospital care within the last five (5) years in at least one of the following areas - check all that apply).

- Academic
- Administrative
- Clinical

I certify that I have read and understand the requirements in Title 22, Chapter 11, including the duties of the Clinical Director, delivery formats and limitations, and CE Provider requirements, and will comply with the requirements as described. I certify that all information on this application, to the best of my knowledge, is true and correct.

Signature: _____ **Date:** _____
(MM/DD/YYYY)