



Mountain Counties

EMERGENCY MEDICAL SERVICES AGENCY

Application for Authorization as
An Approved Provider of
Prehospital Continuing Education (CE)

1. CE Provider Agency Name: _____
2. Mailing Address: _____
3. Phone # _____ Fax # _____
4. Continuing Education Program Director _____
5. E-mail Address _____
6. Continuing Education Clinical Director _____
7. Provider is:
 - ☐ Local EMS Agency
 - ☐ Hospital
 - ☐ Pre hospital Service Provider Agency
 - ☐ Paramedic Training Program
 - ☐ EMT Training Program
 - ☐ Other School
 - ☐ Other Governmental Agency
 - ☐ Other CE Provider
8. Estimated # of CE Hours To Be Provided
 - BLS LEVEL ____/year
 - ALS LEVEL ____/year
9. Please attach resumes for the Continuing Education Program Director and Clinical Director, demonstrating that individual's experience and qualifications in pre-hospital care/education.
10. Please attach documentation of Program Director's compliance with instructor methodology requirement.
11. Please attach copy of current license (i.e. RN, Paramedic, etc.), for Clinical Director.
12. Copy of a CE Certificate your agency will offer.
13. Application fee on \$200.00

I certify that I have read and understand the "California Prehospital Continuing Education Guidelines" and the Mountain Counties EMS Agency "pre-hospital Continuing Education Provider Qualification," and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit and review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

Signature of Continuing Education Program Director

Date

Submit this application, with appropriate supporting documentation to:

Mountain Counties EMS Agency 3505 Spangler Lane #405 Copperopolis, CA 95228