NAPA COUNTY EMS AGENCY

APPLICATION FOR
EMERGENCY MEDICAL TECHNICIAN (EMT)
TRAINING PROGRAM

NAME OF TRAINING INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: (_____)_____ EXT: _____ FAX #: (_____)_____

COURSE TITLE: _____

PROGRAM DIRECTOR: _____

PROGRAM CLINICAL COORDINATOR: _____

PRINCIPLE INSTRUCTOR(S): _____

PROGRAM INFORMATION	BASIC	REFRESHER	CHALLENGE
Total Hours			
Class Room Hours			
Clinical Hours			
Field Experience Hours			
UNITS OF CREDIT	**BASIC**	**REFRESHER**	**CHALLENGE**
Semester			
Quarter			
Independent Course			
TEXT(S) TITLE	**AUTHORS**	**COPYRIGHT**	**EDITION**

PERSON WHO PREPARED THE APPLICATION PACKAGE:

NAME: _____ TITLE: _____

PHONE #: (_____)_____ EXT: _____ DATE: _____

NAPA COUNTY EMS AGENCY

PROGRAM DIRECTOR
Current Resume/CV must be included

NAME: _____ OCCUPATION:_____

TRAINING PROGRAM: _____ PHONE #: _____

Professional and/or Academic degrees

Administrative and/or Management experience

Professional Licenses and/or Certifications (attach copies)		
Type of License/Certification	License/Certification Number	Expiration Date

California Teaching Credentials (if any)	
Type	Expiration Date

Course content you will teach, by subject (if applicable)

Signature of Program Director: _____ Date: _____

PROGRAM CLINICAL COORDINATOR
Current Resume/CV must be included

NAME: _____ OCCUPATION: _____

TRAINING PROGRAM: _____ PHONE #: _____

Professional and/or Academic degrees

Administrative and/or Management experience

Academic or Clinical experience in ALS prehospital care (minimum 2 years in past 5 years)

Professional Licenses and/or Certifications (attach copies)		
Type of License/Certification	**License/Certification Number**	**Expiration Date**

California Teaching Credentials (if any)	
Type	**Expiration Date**

Course content you will teach, by subject (if applicable)

Signature of Program Clinical Director: _____ Date _____

PRINCIPAL INSTRUCTOR(S)
Please complete for each Principle Instructor

NAME: _____ OCCUPATION: _____

TRAINING PROGRAM: _____ PHONE #: _____

Professional and/or Academic degrees

Academic or Clinical experience in ALS prehospital care (minimum 2 years in past 5 years)

Professional Licenses and/or Certifications (attach copies)

Type of License/Certification	License/Certification Number	Expiration Date

California Teaching Credentials (if any)

Type	Expiration Date

Course content you will teach, by subject (if applicable)

_____ is qualified to teach those sections of the course s/he is assigned.
Name of Principal Instructor

Signature of Prinicipal Instructor: _____ Date: _____

Signature of Program Director: _____ Date: _____

TEACHING ASSISTANT
Please complete for each Teaching Assistant

NAME: _____ PROFESSIONAL TITLE: _____

TRAINING PROGRAM: _____ PHONE #: _____

Section 100149 of the California Code of Regulations, Title 22 outlines the qualifications for the **Teaching Assistant** of a Training Program as follows:

Qualified by training and experience to assist with teaching of the course and supervised by a principal instructor, course director or program medical director.

Describe how you meet these requirements and attach a current curriculum vitae, state license/certification, teaching certification and any other certifications that are pertinent.

Professional and/or Academic degree(s)		
Education or experience in methods of instruction (attach copies)		
Professional Licenses and/or Certifications (attach copies)		
Type of License/Certification	**License/Certification Number**	**Expiration Date**
Related work experience		
Agency/Organization	**Position**	**Dates**

Signature of Teaching Assistant: _____   Date: _____

Signature of Program Director: _____   Date: _____

EMERGENCY MEDICAL TECHNICIAN (EMT)
Notification of Course Completion Certificates Issued

NAME OF TRAINING INSTITUTION: _____

NAME	DATE OF COURSE COMPLETION	CHECK ONE			DATE OF EXPIRATION OF PREVIOUS CERTIFICATION *(IF REFRESHER COURSE)*
		BASIC	**REFRESHER**	**CHALLENGE**	

Signature of Principal Instructor: _____ Date: _____