NAPA COUNTY EMS AGENCY

APPLICATION FOR AUTHORIZATION AS APPROVED PROVIDER OF PREHOSPITAL CONTINUING EDUCATION (CE)

CE PROVIDER AGENCY NAME: _____

PROVIDER LOCATION: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE # ( ) _____ **FAX #** ( ) _____

CONTINUING EDUCATION PROGRAM DIRECTOR (FULL NAME / TITLE)

_____

EMAIL ADDRESS: _____

CONTINUING EDUCATION CLINICAL DIRECTOR (FULL NAME / TITLE)

_____

EMAIL ADDRESS: _____

PROVIDER IS A/AN: (check one)

- ☐ Local EMS Agency
- ☐ Hospital
- ☐ Prehospital Service Provider Agency
- ☐ Paramedic Training Program
- ☐ EMT Training Program
- ☐ EMR Training Program
- ☐ Other Governmental Agency (Fire, Law)
- ☐ Other CE Provider

Estimated Number of CE Hours to be provided:

ALS Level: _____ Yearly hours

BLS Level: _____ Yearly hours

ATTACH RESUMES of Continuing Education Program Director and Clinical Director, demonstrating that individual's experience and qualifications in prehospital care/education as outlined in Title 22 regulations (copy attached).

I certify that I have read and understand the "California Prehospital Continuing Education Guidelines" and Napa County EMS Agency policies, and that I/this agency will comply with all guidelines, policies and procedures described therein. I agree to comply with all audit & 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 completed application, with all supporting documentation to:

NAPA COUNTY EMS AGENCY
2344 Old Sonoma Road, Bldg. G
Napa, CA 94559

Application Rec'd Date	Reviewed by	Approval Date	Renewal Date	Provider Number	BLS/ALS/ Both	Comments	Fee Paid/Date