



Stanislaus County 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
 - Prehospital 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 prehospital care/education.
10. Please attach documentation of Program Director's compliance with instructor methodology requirement.
11. Copy of a CE Certificate your agency will offer.
12. Application fee on \$224.00

I certify that I have read and understand the "California Prehospital Continuing Education Guidelines" and the Stanislaus County EMS Agency "Prehospital 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:

Stanislaus County EMS Agency 3507 Oakdale Rd. Modesto, CA 95357