



**NORTHERN CALIFORNIA EMS, INC.**

930 Executive Way, Suite 150, Redding, CA 96002  
 Phone: (530) 229-3979 Fax: (530) 229-3984

**CONTINUING EDUCATION (CE) PROVIDER PROGRAM APPLICATION**

INITIAL       RENEWAL\*       PROGRAM UPDATE

Type of Entity or Organization	
<input type="checkbox"/> EMS Training Program	<input type="checkbox"/> Base Hospital
<input type="checkbox"/> University / College / School	<input type="checkbox"/> Other Hospital
<input type="checkbox"/> EMS Service Provider	<input type="checkbox"/> Individual
<input type="checkbox"/> Other Governmental Agency	<input type="checkbox"/> Other CE Provider

CE Provider Program Name: \_\_\_\_\_

Current CE Provider # (renewal applicants only): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: _____	State: _____	Zip: _____
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Telephone: _____	Fax: _____
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Email _____	Website: _____
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CE Provider Program Director Name: \_\_\_\_\_

CE Provider Clinical Director Name: \_\_\_\_\_

I certify that I have read and understand the regulations (California Code of Regulations, Title 22, Division 9, Chapter 11, EMS Continuing Education) and applicable Nor Cal EMS Prehospital Training Policies, and that the applicant agency will comply with all regulations, policies and procedures described therein. I agree to comply with all audit and review provisions. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

CE Provider Program Director Signature	Date
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CE Provider Program Clinical Director Signature	Date
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- Required Supporting Documentation and Fees\***
- Resume, copy of a current EMS certification/license, and copies of instructor course completion documentation (Fire Instructor 1A & 1B, EMS Educator Course, etc. for the CE Program Director
  - Resume and copy a current EMS certification or license for the CE Clinical Director
  - Copy of proposed CE certificate
  - Initial Application fee \$200.00 / Renewal fee \$100.00.

**\*IF THIS IS A RENEWAL AND THERE HAVE BEEN NO PROGRAM CHANGES, PAYMENT OF FEE AND THE COMPLETED APPLICATION ARE THE ONLY REQUIREMENTS**

NOR-CAL EMS USE ONLY					
APPLICATION RECEIVED	REVIEWED BY	APPROVAL DATE	RENEWAL DATE	PROVIDER #	FEE PAID