

**NORTHERN CALIFORNIA EMS, INC.**

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**PARAMEDIC TRAINING PROGRAM APPLICATION****Course Location**

Proposed Course Dates:		
Class Site Address:		
City:	State:	Zip:
Primary Instructor:		
Teaching Assistants:		

**Course Hours**

	Paramedic Course	Refresher Course
Classroom Hours:		
Clinical Hours:		
Field Internship Hours		
Total Hours:		
Number of Units: _____ <input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Other: (specify) _____		

**Textbook Information**

Title	Author	Edition	Publisher
