CONTINUING EDUCATION (CE) PROVIDER PROGRAM APPLICATION

☐ **INITIAL**   ☐ **RENEWAL***   ☐ **PROGRAM UPDATE**

Type of Entity or Organization

☐ EMS Training Program	☐ Base Hospital
☐ University / College / School	☐ Other Hospital
☐ EMS Service Provider	☐ Individual
☐ Other Governmental Agency	☐ Other CE Provider

CE Provider Program Name:

Current CE Provider # (renewal applicants only):

Street Address:

City:	State:	Zip:

Telephone:	Fax:

Email	Website:

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} 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

_____   _____
CE Provider Program Clinical Director Signature   Date

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 APPLICATON ARE THE ONLY REQUIREMENTS

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