

# INLAND COUNTIES EMERGENCY MEDICAL AGENCY



## EMT-I TRAINING PROGRAM APPROVAL PACKET

*NOTE: This training program approval packet is based on the April 7, 2006 regulations found on the EMSA website at [http://www.emsa.ca.gov/legislation/ch2\\_emi1\\_040706\\_new.pdf](http://www.emsa.ca.gov/legislation/ch2_emi1_040706_new.pdf). ARTICLE 3 of the EMT-I California Code of Regulations, Title 22, Division 9, Chapter 3 specifically pertains to 'Program Requirements for EMT-I Training Program'.*

*Serving Inyo, Mono and San Bernardino Counties*



**ICEMA**  
**Program Requirements for**  
**EMERGENCY MEDICAL TECHNICIAN-I TRAINING PROGRAM**

*Title 22, Division 9, Chapter 2, Article 3, Sections 100065-100078 of the California Administrative Code of Regulations* requires the EMT-I Approving Authority (ICEMA) review EMT-I training programs to assure compliance with regulations prior to approving the eligible institution's training program. Only approved training programs may offer EMT-I training. *Sections of Article 3*, listed below:

**100065(b) ELIGIBILITY** for program approval shall be limited to:

1. Accredited universities and colleges including junior and community colleges, school districts, and private post secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
2. Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.
3. Licensed general acute care hospitals which meet the following criteria:
  - A. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of *Division 5*; and
  - B. Provide continuing education to other health care professionals.
4. Agencies of government including public safety agencies.
5. Local EMS agencies.

**100066(a) PROCEDURE** for Program Approval:

Eligible training programs may submit a written request for EMT-I program approval to ICEMA.

**100066(b)** ICEMA shall review and approve the following prior to approving an EMT-I training program:

1. A statement verifying usage of the United States Department of Transportation's EMT-Basic National Standard Curriculum, DOT HS 808 149, August 1994, which includes learning objectives, skills protocols, and treatment guidelines.
2. A statement verifying CPR training equivalent to the American Heart Association's Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level.
3. Samples of written and skills examinations used for periodic testing.
4. A final skills competency examination.
5. A final written examination.
6. The name and qualifications of the program director, program clinical coordinator, and principal instructor(s). (Complete the forms enclosed for each)
7. Provisions for clinical experience, as defined in **Section 100068**.
8. Provisions for course completion by challenge, including a challenge examination (if different from final examination).
9. Provisions for a refresher course including 1-8 above, and/or continuing education courses including 1-3 above, required for recertification.
10. The location at which the courses are to be offered and their proposed dates.
11. Table of contents listing the required information listed above 1-10, with corresponding page numbers.
12. ICEMA 'Application for Approval as an EMT-I Training Program' (Form enclosed)
13. \$575.00 Application fee

### **100067 Didactic and Skills Laboratory**

Assure that no more than ten (10) students are assigned to one (1) principal instructor/teaching assistant during skills practice/laboratory sessions.

**100068 Clinical Experience for EMT-I** (Complete the 'Hospital/Ambulance Affiliation Information' form enclosed and attach a copy of the signed agreement.)

Have written agreement(s) with one or more general acute care hospital(s) and/or operational ambulance provider(s) or rescue vehicle provider(s) for the clinical portion of the EMT-I training course. The written agreement(s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience for the EMT-I student(s). Supervision for the clinical experience shall be provided by an individual who meets the qualifications of a principal instructor or teaching assistant. No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.

### **100070 Teaching Staff**

Provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this section precludes the same individual from being responsible for more than one of the following functions if so qualified by the provisions of this section.

**100070(a) Program Director** shall be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty hours in teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:

- (1) State Fire Marshal Instructor 1A and 1B,
- (2) National Fire Academy's Instructional Methodology,
- (3) Training programs that meet the United States Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.

**100070(b) Duties of the Program Director**, in coordination with the program clinical coordinator, shall include but not be limited to:

- (1) Administering the training program.
- (2) Approving course content.
- (3) Approving all written examinations and the final skills examination.
- (4) Coordinating all clinical and field activities related to the course.
- (5) Approving the principal instructor(s) and teaching assistants.
- (6) Signing all course completion records.
- (7) Assuring that all aspects of the EMT-I training program are in compliance with this Chapter and other related laws.

**100070(c) Program Clinical Coordinator** who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years and who shall be either a:

- Physician
- Registered nurse
- Physician assistant, or
- Paramedic currently licensed in California.

**100070(c) Duties of the Program Clinical Coordinator** shall include, but not be limited to:

- (1) Responsibility for the overall quality of medical content of the program;
- (2) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

**100070(d) Principal Instructor(s)**, who may also be the program clinical coordinator or program director, who shall be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty hours in teaching methodology. The courses include but are not limited to the following examples:

- (1) State Fire Marshal Instructor 1A and 1B,
- (2) National Fire Academy's Instructional Methodology,
- (3) Training programs that meet the United States Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.

**100070(d) Principal Instructor(s)** shall:

- (A) Be a physician, registered nurse, physician assistant, or paramedic currently licensed in California; or,
- (B) Be an EMT-II or EMT-I who is currently certified in California.
- (C) Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.
- (D) Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned.

**100070(e)** Each training program may have **Teaching Assistant(s)** who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned.

A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.

### **100073 Components of an Approved Program**

(a) An approved EMT-I training program shall consist of all of the following:

- (1) The EMT-I course, including clinical experience;
- (2) Periodic and a final written and skill competency examinations;
- (3) A challenge examination; and
- (4) A refresher course required for recertification.

(b) The local EMS agency may approve a training program that offers only refresher course(s).

### **100074(a) Required Course Hours**

The EMT-I course shall consist of not less than one hundred twenty hours. These training hours shall be divided into:

- (1) A minimum of one hundred ten hours of didactic instruction and skills laboratory; and
- (2) A minimum of ten hours of supervised clinical experience. The clinical experience shall include five (5) patient contacts wherein a patient assessment and other EMT-I skills are performed.

**100074(b)** The minimum hours shall not include the examinations for EMT-I certification.

### **100075 Required Course Content**

The minimum EMT-I course content shall consist of: The United States Department of Transportation's EMT-Basic National Standard Curriculum, DOT HS 808 149, August 1994.

### **100076 Required Testing**

Each component of an approved program shall include periodic and final competency-based examinations to test the knowledge and skills. Satisfactory performance in these written and skills examinations shall be demonstrated for successful completion of the course. Satisfactory performance shall be determined by preestablished standards, developed and/or approved by ICEMA pursuant to *Section 100066* of the Chapter.

### **100077 Course Completion Record**

**100077(a)** An approved EMT-I training program provider shall issue a tamper resistant course completion record to each person who has successfully completed the EMT-I course, refresher course, or challenge examination.

**100077(b)** The course completion record shall contain the following:

- (1) The name of the individual.
- (2) The date of course completion.
- (3) Type of EMT-I course completed (i.e., EMT-I, refresher, or challenge), and the number of hours completed.
- (4) The EMT-I approving authority (**ICEMA**).
- (5) The signature of the program director.
- (6) The name and location of the training program issuing the record.
- (7) The following statement in bold print: **“This is not an EMT-I certificate”**.

**100077(c)** This course completion record is valid to apply for certification for a maximum of two years from the course completion date and shall be recognized statewide.

**100077(d)** The name and address of each person receiving a course completion record and the date of course completion shall be reported in writing to ICEMA within fifteen days of course completion. (ICEMA APPROVED *COURSE RECORD FORM* at end of document).

**100077(e)** Approved EMT-I training programs which are also approved EMT-I Certifying Authorities need not issue a Course Completion record to those students who will receive certification from the same agency.

### **100078 Course Completion by Challenge Examination**

**100078(a)** An individual may obtain an EMT-I course completion record by successfully passing by pre-established standards, developed and/or approved by ICEMA pursuant to *Section 100066* of this Chapter, a course challenge examination if s/he meets one of the following eligibility requirements:

- (1) The person is a currently licensed physician, registered nurse, physician assistant, vocational nurse, or paramedic.
- (2) The person provides documented evidence of having successfully completed an emergency medical service training program of the Armed Forces including the Coast Guard of the United States within the preceding two (2) years, which meets the Department of Transportation EMT-I course guidelines. Upon review of documentation, ICEMA may also allow an individual to challenge if the individual was active in the last two (2) years in a prehospital emergency medical classification of the Armed Services, including the Coast Guard of the United States, which does

not have formal recertification requirements. These individuals may be required to take a refresher course or complete continuing education courses as a condition of certification.

**100078(b)** The course challenge examination shall consist of a competency-based written and skills examination to test knowledge of the topics and skills prescribed in the Chapter.

**100078(c)** An approved EMT-I training program shall offer an EMT-I challenge examination no less than once each time the EMT-I course is given, (unless otherwise specified).

**100079(d)** The EMT-I written and skills EMT-I challenge examination shall be the certifying examination.

**100078(e)** An eligible person shall be permitted to take the EMT-I course challenge examination only one time.

**100078(f)** An individual who fails to achieve a passing score on the EMT-I course challenge examination shall successfully complete an EMT-I course to receive an EMT-I course completion record.

**ICEMA**

**CHECK LIST FOR EMT-I TRAINING PROGRAM APPLICATION**

MATERIALS TO BE SUBMITTED		PAGE	FOR COUNTY USE ONLY
1.	Statement of eligibility for program approval. Reference Section 100065		
2.	Letter to EMT-I approving authority requesting approval. 100066(a)		
3.	Completed Check List for EMT-I Program Approval		
4.	Application Form for Program Approval		
5.	Program Director Information Form. 100070(a) (b)		
6.	Program Clinical Coordinator Information Form. 100070(c)		
7.	Program Principal Instructor Information Form. 100070(d)		
8.	Program Teaching Assistant Information Form. 100070(e)		
9.	Copy of written agreement with (1 or more) Acute Care Hospital(s) to provide clinical experience. 100068 <b>and/or</b>		
10.	Copy of written agreement with 1 or more ambulance agency(ies) to provide field experience. 100068		
11.	Statement verifying usage of the US DOT HS 808 149, August 1994 EMT-Basic National Standard Curriculum. 100066(b)		
12.	Statement verifying CPR training equivalent to the AHA Guidelines 2000 at the Healthcare Provider level. 100066(b)		
13.	Final skills competency examination. 100066(b)		
14.	Final written examination. 100066(b)		
15.	Provisions for course completion by challenge. 100066(b)		
16.	Provisions for refresher course, and/or CE courses. 100066(b)		
17.	Location of courses offered and proposed dates. 100066(b)		
18.	Table of Contents listing required information with corresponding page numbers.		

**FORMS**

**COMPLETE AND RETURN WITH ICEMA APPLICATION & FEE**

1. Application and fees
2. Teaching Staff Information (one for each):
  - Program Director
  - Program Clinical Coordinator
  - Principal Instructor
  - Teaching Assistant Information Form (one for each T.A.)
3. Hospital/Ambulance Affiliation Information Form

**USED AS PART OF THE COURSE & RETAINED BY THE TRAINING INSTITUTION**

Certification Exam, i.e. passing grade  
 Attendance requirements, etc  
 Certification Exam Eligibility, Clinical Time Verification Form

**SUBMIT TO ICEMA AFTER COMPLETION OF EACH COURSE**

ICEMA approved Course Record, must be submitted within fifteen (15) days of course completion, typed or printed, and alphabetized.



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*Serving San Bernardino, Inyo, and Mono Counties*

**515 N ARROWHEAD AVENUE**

**SAN BERNARDINO, CA 92415-0060**

**909-388-5823 FAX: 909-388-5825**

**APPLICATION FOR APPROVAL AS AN EMT-I TRAINING PROGRAM**

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**PROVIDER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/COUNTY/ZIP:** \_\_\_\_\_

**PROGRAM DIRECTOR:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**CLINICAL COORDINATOR:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**PRINCIPAL INSTRUCTOR:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

Attach resumes of Program Director, Program Clinical Coordinator, and Principal Instructors that demonstrates the individual's experience and qualifications in prehospital care/education. Include copies of all current licenses/certifications/accreditations. Submit the \$575.00 application fee. Fees are non-refundable and non-transferable.

*I certify that I have read and understand the local policy for EMT-Training Program Approval, Title 22, Division 9, Chapter 2 of the California Code of Regulations, effective April 7, 2006 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.*

\_\_\_\_\_  
Signed, Program Director

\_\_\_\_\_  
Date

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**(ICEMA Use Only)**

Application Rec'd Date	Approval Date	Expiration Date	Receipt # Date Paid



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**EMT-I TRAINING PROGRAM DIRECTOR INFORMATION**

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**PROVIDER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/COUNTY/ZIP:** \_\_\_\_\_

**PROGRAM DIRECTOR:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

Attach Current Resume (Curriculum Vitae)

Eligibility Status (currently Certified/Licensed in the State of California, attach photocopy of all cards.)

	License/Cert No.	Exp. Date
<input type="checkbox"/> Physician	_____	_____
<input type="checkbox"/> Physician Assistant	_____	_____
<input type="checkbox"/> MICN	_____	_____
<input type="checkbox"/> RN	_____	_____
<input type="checkbox"/> EMT-Paramedic	_____	_____
<input type="checkbox"/> EMT-I	_____	_____
<input type="checkbox"/> Other:	_____	_____

-----**-FOR ICEMA USE ONLY-**-----

Approved:  Yes  No (If no, explain on a separate sheet and attach it.)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



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**EMT-I TRAINING PROGRAM CLINICAL COORDINATOR INFORMATION**

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**PROVIDER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/COUNTY/ZIP:** \_\_\_\_\_

**CLINICAL COORDINATOR:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

Attach Current Resume (Curriculum Vitae)

Eligibility Status (currently Certified/Licensed in the State of California, attach photocopy of all cards.)

	License/Cert No.	Exp. Date
<input type="checkbox"/> Physician	_____	_____
<input type="checkbox"/> Physician Assistant	_____	_____
<input type="checkbox"/> MICN	_____	_____
<input type="checkbox"/> RN	_____	_____
<input type="checkbox"/> EMT-Paramedic	_____	_____
<input type="checkbox"/> EMT-I	_____	_____
<input type="checkbox"/> Other:	_____	_____

-----**-FOR ICEMA USE ONLY-**-----

Approved:  Yes  No (If no, explain on a separate sheet and attach it.)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



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**EMT-I TRAINING PROGRAM PRINCIPAL INSTRUCTOR INFORMATION**

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**COMPLETE ONE FORM FOR EACH INSTRUCTOR**

**PROVIDER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/COUNTY/ZIP:** \_\_\_\_\_

**PRINCIPAL INSTRUCTOR:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

Attach Current Resume (Curriculum Vitae)

Eligibility Status (currently Certified/Licensed in the State of California, attach photocopy of all cards.)

	License/Cert No.	Exp. Date
<input type="checkbox"/> Physician	_____	_____
<input type="checkbox"/> Physician Assistant	_____	_____
<input type="checkbox"/> MICN	_____	_____
<input type="checkbox"/> RN	_____	_____
<input type="checkbox"/> EMT-Paramedic	_____	_____
<input type="checkbox"/> EMT-I	_____	_____
<input type="checkbox"/> Other:	_____	_____

-----**FOR ICEMA USE ONLY**-----

Approved:     Yes             No (If no, explain on a separate sheet and attach it.)



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**EMT-I TRAINING PROGRAM TEACHING ASSISTANT INFORMATION**

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**PROVIDER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/COUNTY/ZIP:** \_\_\_\_\_

**TEACHING ASSISTANT:** \_\_\_\_\_

**PHONE/EMAIL/FAX:** \_\_\_\_\_

WORK EXPERIENCE RECORD MUST BE ATTACHED (Resume, Curriculum Vitae)

\*\*List below those topics to which this Teaching Assistant is assigned and his/her qualifications and experience relative to same:

Topic	Qualifications/Experience
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approved By: \_\_\_\_\_

Name (Program Director)

Signature

-----**FOR ICEMA USE ONLY**-----

Approved:     Yes             No (If no, explain on a separate sheet and attach it.)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



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**EMT-I TRAINING PROGRAM**

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**STUDENT PERFORMANCE DOCUMENTATION  
CLINICAL TIME VERIFICATION  
Clinical Internship / Hospital**

***TO BE COMPLETED BY CLINICAL EVALUATOR:***

Student Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

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<b>INITIAL APPROPRIATE BOX</b>	<b>Above Satisfactory</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
Appearance			
Dependability			
Initiative / Cooperation			
Knowledge of Required Skills			
Follows Directions			
Attitude and Courtesy Towards Patients and Staff			
Safety Precautions			
Appropriate Use of Tools and Equipment			

**\*Any rating marked "Unsatisfactory" must be explained in the comment section below.**

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Signature of Student

**\*\*THIS FORM IS TO BE KEPT ON FILE AT THE TRAINING INSTITUTION AND MUST BE SUBMITTED TO ICEMA UPON REQUEST BY ICEMA.**

**STUDENT PERFORMANCE DOCUMENTATION  
CLINICAL TIME VERIFICATION  
CLINICAL SKILLS SHEET / HOSPITAL**

**MANDATORY SKILLS:**

The following skills must be performed during each clinical rotation for successful completion of clinical internship. Record with nurses initial after completion.

<b>BLOOD PRESSURE</b>				Additional Comments
Adult	1	2	3	
Child	1	2		
<b>PULSE</b>				
Radial	1	2	3	
Carotid	1	2		
Dorsal Pedal	1	2		
Posterior Tibial	1	2		
Apical	1	2		
<b>RESPIRATIONS</b>				
Adult	1	2	3	
Child	1	2		
<b>LUNG SOUNDS</b>				
	1	2		
<b>TEMPERATURE</b>				
Oral	1	2		
Axillary	1	2		
Rectal	1	2		
<b>PUPIL RESPONSE</b>				
	1	2	3	

**DESIRABLE SKILLS:**

The following skills are desirable experiences. Record nurses initial in appropriate box.

	<b>PERFORMED</b>	<b>OBSERVED</b>	<b>NOT DONE</b>
Application of Oxygen Mask / Nasal Cannula			
Suctioning			
Ventilation of Patient With BVM			
Perform CPR			
Clean and Dress Wound			
Control Bleeding			
Total Body Check			
Obtain Patient History			
Burn Treatment			
Assist With Trauma Patient			
Assist With Violent Patient			
Moving Patients			



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**EMT-I TRAINING PROGRAM**

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**HOSPITAL/AMBULANCE AFFILIATION INFORMATION**

Name(s) of general acute care hospital(s) providing supervised in hospital clinical experience for the EMT-I student.

Name: \_\_\_\_\_

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

County: \_\_\_\_\_

Liaison: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

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

County: \_\_\_\_\_

Liaison: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name(s) of ambulance provider agencies providing supervised instruction on an operational ambulance for the EMT-I student:

Name: \_\_\_\_\_

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

County: \_\_\_\_\_

Liaison: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Level of Service       ALS       BLS

