



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
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**2010 ANNUAL REVIEW CLASS (ARC)
 PROGRAM APPROVAL APPLICATION**

TRAINING PROGRAM ELIGIBILITY:

To be eligible for approval an Annual Review Class Training Program, applicants must meet the following criteria:

1. Currently be an ICEMA approved ALS CE Provider.
2. Submit the \$300.00 program approval fee. **(THE FEE HAS BEEN WAIVED FOR 2010)**
3. Submit a completed application to ICEMA.
4. Assure that all instructors meet the criteria for eligibility as an approved CE Instructor per ICEMA Protocol Reference #14011.

CE Provider Name _____ CE Provider # _____

Program Director _____ Phone # _____

E-Mail _____

The following instructors will attend the Annual Review Class “Train the Trainer” on the date checked below:

NAME	ICEMA #	Oct 21 st (9am-12pm)	Oct 27 th (1pm-4pm)	Nov 4 th (9am-12-pm)

Additional Instructor Criteria:

All instructors must:

1. Be currently accredited/certified in the ICEMA region.
2. Have a minimum of two (2) years experience as an EMT-P or MICN in the ICEMA Region.
3. Be sponsored by their employer to attend the train-the-trainer class.

As an approved ARC Training Program, I/this agency agrees to use only instructors that have completed the ICEMA approved train-the-trainer class, and to comply with ICEMA Protocol Reference #14010, Annual Review Class. I/this agency understand that approval is granted for a period of one (1) year. I certify that all information on this application is true and accurate, to the best of my knowledge.

CE Program Director Signature _____ Date _____