



# Inland Counties Emergency Medical Agency

*Serving San Bernardino, Inyo, and Mono Counties*

*Tom Lynch, EMS Administrator*

*Reza Vaezazizi, MD, Medical Director*

**DATE:** April 25, 2013

**TO:** EMS Providers - ALS  
Hospital ED Nurse Managers and PLNs

**FROM:** Tom Lynch  
EMS Administrator 

**SUBJECT:** SKILLS AND ORIENTATION INSTRUCTORS COURSE

## ***TRAIN THE TRAINER***

### **SKILLS AND ORIENTATION INSTRUCTORS COURSES:**

**Monday, May 6, 2013, 9 - 11 am**

**(Classes held at ICEMA)**

**25 class limit, so register early!**

There was a request to hold another class for this training to accommodate those who registered in one of the other 4 classes held the past 2 weeks and were unable to make it.

Call to reserve with Julie Avalos at (909) 388-5828 or via e-mail at [JAvalos@cao.sbcounty.gov](mailto:JAvalos@cao.sbcounty.gov). Complete and submit the attached application or fax to (909) 388-5825.



**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**  
*Serving San Bernardino, Inyo, and Mono Counties*  
**1425 SOUTH "D" STREET**  
**SAN BERNARDINO, CA 92415-0060**  
**909-388-5823 FAX: 909-388-5825**

**EXPANDED SCOPE SKILLS &  
 ORIENTATION INSTRUCTOR TRAINING COURSE  
 APPLICATION FOR APPROVAL**

**ELIGIBILITY:**

**To be eligible for approval to attend the Skills/Orientation Instructor course, applicants must meet the following criteria:**

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 training course and provide letter of reference on sponsoring agency letterhead.
4. Submit this completed application to ICEMA, Attention to Julie Avalos, Fax (909) 388-5825 or email JAvalos@cao.sbcounty.gov.

**Sponsoring ALS Provider Agency:** \_\_\_\_\_

**The following individuals will attend the Expanded Scope Skills & Orientation course on May 6, 2013:**

| NAME | ICEMA# | May 6<br>9-11 am |
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Approved by: \_\_\_\_\_  
 Provider Agency Representative

*ICEMA Use Only*

Date letter received: \_\_\_\_\_

All requirements verified: \_\_\_\_\_

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