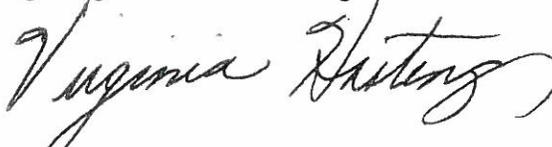




# Inland Counties Emergency Medical Agency

*Serving San Bernardino, Inyo, and Mono Counties*

*Virginia Hastings, Executive Director  
Reza Vaezazizi, M.D., Medical Director*

**DATE:** September 23, 2009 **CORRECTION**  
**TO:** ICEMA Approved ALS Training Programs & Continuing Education Providers  
**FROM:** Virginia Hastings  
ICEMA Executive Director   
**SUBJECT:** 2010 ARC TRAIN-THE-TRAINER COURSES

## ***TRAIN-THE-TRAINER***

### **2010 ANNUAL REVIEW COURSE (ARC)**

**WEDNESDAY, OCTOBER 21, 2009, 9 A.M - NOON**

**TUESDAY, OCTOBER 27, 2009, 1 – 4 PM**

**OR**

**WEDNESDAY, NOVEMBER 4, 2009, 9 A.M. – NOON**

**(All classes held in the ICEMA Conference Room)**

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

**Please contact Sherry Hansen at (909) 388-5819 if you have any questions. Application may be submitted to [Shansen@cao.sbcounty.gov](mailto:Shansen@cao.sbcounty.gov) or faxed to (909) 388-5825.**

VH/mae



**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**  
*Serving San Bernardino, Inyo and Mono Counties*  
**515 N ARROWHEAD AVENUE**  
**SAN BERNARDINO, CA 92415-0060**  
**909-388-5823 FAX: 909-388-5825**

**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 <sup>st</sup> (9am-12pm)	Oct 27 <sup>th</sup> (1pm-4pm)	Nov 4 <sup>th</sup> (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 \_\_\_\_\_