Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

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

DATE: December 17, 2010

TO: ICEMA Approved ALS Training Programs & Continuing Education Providers

FROM: Virginia Hastings
ICEMA Executive Director

SUBJECT: **LAST 2011 ARC TRAIN THE TRAINER COURSE**

TRAIN-THE-TRAINER

LAST 2011 ANNUAL REVIEW COURSE (ARC)

Friday, January 21, 2011
2-4:30 pm

(Class held in the ICEMA Conference Room)

25 class limit, so register early!

Please contact Julie Avalos at (909) 388-5828 if you have any questions.
Application may be submitted to
JAvalos@cao.sbcounty.gov or faxed to (909) 388-5825.

VH/mae

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(909) 388-5823 office ▪ (909) 388-5825 fax ▪ www.icema.net

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

2011 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. **(THE $300 FEE HAS BEEN WAIVED)**
3. Submit completed application.
4. Assure that all instructors meet the criteria for eligibility as an approved CE Instructor per ICEMA Protocol Reference #3020.

CE Provider Name CE Provider #

Program Director Phone #

E-Mail

The following instructors will attend the LAST 2011 Annual Review Class (ARC 2011) "Train the Trainer" on Friday, January 21, 2011 from 2-4:30 p.m.:

NAME	ICEMA #

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 #3010, Annual Review Class (ARC). 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