



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

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

DATE: April 20, 2011

TO: ICEMA Approved EMS Training Programs and
Continuing Education Providers

FROM: Virginia Hastings
ICEMA Executive Director

SUBJECT: STROKE TRAIN-THE-TRAINER CLASSES

STROKE TRAIN-THE-TRAINER

Thursday, May 12, 2011, 1-3 pm

Friday, May 13, 2011, 9-11 am

Wednesday, May 18, 2011, 9-11 am

Monday, May 23, 2011, 1-3 pm

Tuesday, May 31, 2011, (Time TBA @ CFED-West)

Ontario Convention Center

(Classes 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



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

**STROKE TRAIN THE TRAINER CLASS
 PROGRAM APPROVAL APPLICATION**

TRAINING PROGRAM ELIGIBILITY:

To be eligible for approval a Stroke 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 _____

Complete the following instructors will attend the Stroke “Train the Trainer” class on dates shown below:

NAME	ICEMA#	May 12 1-3 pm	May 13 9-11 am	May 18 9-11 am	May 23 1-3	May 31 (TBA)

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 Stroke Training Program, I/this agency agrees to use only instructors that have completed the ICEMA approved Stroke Train the Trainer class, and to comply with ICEMA approved Stroke Protocols. 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 _____