



# Inland Counties Emergency Medical Agency

*Serving San Bernardino, Inyo, and Mono Counties*

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

**DATE:** September 8, 2011

**TO:** Inyo & Mono Counties:  
ALS Providers  
Hospital ED Nurse Managers and EMTs

**FROM:** Virginia Hastings  
ICEMA Executive Director

**SUBJECT:** INYO & MONO COUNTIES SKILLS & ORIENTATION  
INSTRUCTORS COURSE

## ***TRAIN THE TRAINER***

### **SKILLS & ORIENTATION INSTRUCTORS COURSES:**

**INYO COUNTY: MONDAY, SEPTMEBER 19, 2011, 2 P.M.**

**Held at Bishop Fire Training Facility**

**MONO COUNTY: TUESDAY, SEPTEMBER 20, 2011, 11 A.M.**

**Held at Mammoth Hospital Conference Room**

**REGISTER EARLY!**

**Please register with Julie Avalos (909) 388-5828 or email at**

**[JAvalos@cao.sbcounty.gov](mailto:JAvalos@cao.sbcounty.gov)**

**Complete and submit the attached application for approval.**



**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**

**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 Julie Avalos, Fax (909) 388-5825 or email [JAvalos@cao.sbcounty.gov](mailto:JAvalos@cao.sbcounty.gov).

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

**The following individuals will attend the Expanded Scope Skills & Orientation course on the dates shown below:**

NAME	ICEMA#	Sep 19 2 p.m.	Sep 20 11 a.m.

Approved by: \_\_\_\_\_  
 Provider Agency Representative

*ICEMA Use Only*

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

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

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