



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

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

DATE: January 11, 2012
TO: ICEMA Approved ALS Training Programs & Continuing Education Providers
FROM: Virginia Hastings
Executive Director
SUBJECT: 2012 ARC TRAIN THE TRAINER COURSES INYO/MONO COUNTIES

TRAIN THE TRAINER

2012 ANNUAL REVIEW COURSE (ARC)

Monday, January 23, 2012, 2 to 4 p.m. – Northern Inyo Hospital

Tuesday, January 24, 2012, 11 a.m. to 1 p.m. – Mammoth Hospital

**Please register with Julie Avalos (909) 388-5828 or email
JAvalos@cao.sbcounty.gov.**

Complete and submit the attached application for approval.

VH/mae



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

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**515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825**

**2012 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 CEProvider#

Program Director Phone #

E-Mail

The following instructors will attend the Annual Review Class (ARC 2012) “Train the Trainer” on the dates noted below:

NAME	ICEMA #	JAN 23 2-4 pm	JAN 24 11 am – 1 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 #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