	INLAND COUNTIES EMERGENCY MEDICAL AGENCY Serving San Bernardino, Inyo, and Mono Counties 1425 SOUTH "D" STREET SAN BERNARDINO, CA 92415-0060 909-388-5823 FAX: 909-388-5825			
INLAND COUNTIES EMERGENCY MEDICAL AGENCY	EMS CONTINUING EDUCATION PROVIDER APPROVAL APPLICATION			
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PROVIDER INFORMATION

Name:				
Headquarters .	Address:			
	Number & Stree	t City	State Zi	р
Phone:		Email:		
ADMINISTR	ATION			
Name of Indiv	idual Submitting Form:			
Phone:		Email:		
Name of Prog	ram Director (full name /title)	(Attach Resume):		
Phone:		Email:		
	cal Director (full name /title)			
Provider Is: (Check One)	 Local EMS Agency Base Hospital Other Hospital EMS Provider 	 EMT/P Training Program Individual University/College Other School 	 Other Governmental Agency Other CE Provider CE#: Licensed Educational Business Approving Authority: 	

PROGRAM DETAILS (ICEMA Reference #2010 - Procedure Section)

Submit the following for program review:

- Application requesting approval per ICEMA Reference #2010 Continuing Education Provider Requirements.
- Resumes of program director and clinical director, demonstrating that individual's experience and qualifications in prehospital care/education. Include copies of all current licenses/ certifications.
- Evidence of 40 hours in teaching methodology for the program director.
- ICEMA established fee.

Additional items may be requested upon review.

I certify that I have read and understand ICEMA Reference #2010 - Continuing Education Provider Requirements and that I/this agency will comply with all guidelines, policies and procedures described therein, and comply with the requirements for CE Providers as set forth in the California Code of Regulations, Title 22, Division 9; Chapter 11. I agree to comply with all audit and review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

Signature - Continuing Education Program Director

Signature - Continuing Education Clinical Director

(ICEMA Use Only)											
	Date Received	Reviewed By	Approval Date	Expiration Date	Provider #	CE Level - BLS/ALS/Both	Receipt #				
					62-						

Date

Date