

SACRAMENTO COUNTY DEPARTMENT OF HEALTH and HUMAN SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
Continuing Education Provider Approval Checklist B.

Provider Name:												
Headquarters Address:												
Phone: ()												
Fax: ()												
E-Mail:												
Classroom Location:												
<p>Provider is a/an: (check one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Local EMS Agency</td> <td style="width: 25%;"><input type="checkbox"/> Base Hospital</td> <td style="width: 25%;"><input type="checkbox"/> Other Hospital</td> <td style="width: 25%;"><input type="checkbox"/> Service Provider</td> </tr> <tr> <td><input type="checkbox"/> EMT-P Training Program</td> <td><input type="checkbox"/> University/College</td> <td><input type="checkbox"/> Other School</td> <td><input type="checkbox"/> Other Governmental Agency</td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Other CE Provider</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Local EMS Agency	<input type="checkbox"/> Base Hospital	<input type="checkbox"/> Other Hospital	<input type="checkbox"/> Service Provider	<input type="checkbox"/> EMT-P Training Program	<input type="checkbox"/> University/College	<input type="checkbox"/> Other School	<input type="checkbox"/> Other Governmental Agency	<input type="checkbox"/> Individual	<input type="checkbox"/> Other CE Provider		
<input type="checkbox"/> Local EMS Agency	<input type="checkbox"/> Base Hospital	<input type="checkbox"/> Other Hospital	<input type="checkbox"/> Service Provider									
<input type="checkbox"/> EMT-P Training Program	<input type="checkbox"/> University/College	<input type="checkbox"/> Other School	<input type="checkbox"/> Other Governmental Agency									
<input type="checkbox"/> Individual	<input type="checkbox"/> Other CE Provider											
<p>I certify that I have read and understand the Sacramento County EMS Agency's Continuing Education Provider Policy and that I/this agency will comply with all policies and procedures described therein. I agree to comply with all audit & review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.</p>												
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-top: 1px solid black; text-align: center;"> </td> <td style="width: 50%; border-top: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Signature of Continuing Education Program Director</td> <td style="text-align: center;">Date</td> </tr> </table>	 	 	Signature of Continuing Education Program Director	Date								
Signature of Continuing Education Program Director	Date											