

SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
EMT-I TRAINING PROGRAM
3. CLASS SITE LOCATION FORM

Form Completion Date:
Please indicate below, the address where each EMT-I class is offered if the location is other than at the address shown on the application form.
Location:
Street:
City/Zip:
Location:
Street:
City Zip:
Location:
Street:
City/Zip: