## SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF EMERGENCY MEDICAL SERVICES EMT-I TRAINING PROGRAM 2A. PROGRAM DIRECTOR

(If same as Clinical Coordinator complete r	name only.)			
Name:				
Address:				
Phone: ( )				
Occupation:				
Present Employer:				
Professional and/or Academic Degree(s)	currently held:			
Professional License Number(s) (must be	e current and State of California):			
Expires:				
Emergency Care - Related Experience	(showing two applicable years in the past f	ve):		
Position	Responsibilities	Institution		Dates
(attach resume)				
1.				
2.				
3.				
Emergency Care - Related Education	(within the past two years):	·		
Course Title	School	Course Length		Completion Date
1.				
2.				
3.				
What California teaching credential(s) do	a you now hold if any?			
	5 you now noid, it any?			
Type:  Expiration Date:				
Expansion Duc.				
The principal instructor is required to teach no less than 50% of the didectic eleganors, but (Title 22 CCD \$ 100071)				
The principle instructor is required to teach no less than 50% of the didactic classroom hours (Title 22 CCR § 100071).				
Signature/Date:				
Program Director				