

**Sacramento County Emergency Medical Service Agency (SCEMSA)
Emergency Medical Technician Training Program
Clinical Coordinator**

(If same as Program Director, complete only name, last section of form and sign.)

Name:			
Address:			
Phone:			
*Clinical Coordinator Qualifications as outlined in Title 22, Chapter 2:			
*Professional License Number(s) (must be current and State of California):			
Two (2) years of academic OR clinical experience in emergency medicine or prehospital care within last five (5) years:			
Position	Responsibilities	Institution	Dates
*Attach Resume and Licensure / Certification(s):			
Date: Signature: Program Director (printed name): Program Director Signature: _____			