



Yolo County Emergency Medical Services Agency
 Training Programs

Revised Date: September 1, 2018

**EMERGENCY MEDICAL RESPONDER (EMR)
 TRAINING PROGRAM APPLICATION FORM**

INITIAL RENEWAL

Please write clearly and answer all questions or your application may be rejected.

Program Name: _____

Day Phone #: _____

Fax #: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Contact Person _____

Phone #: _____

Contact Person Email: _____

Training Program Principal Instructor(s) _____

Training Program Teaching Assistant(s) _____

Attach the following documents to this application:

- Copy of written and skills examinations
- Teaching Assistant(s) Resume(s)
- Pay Fee (4 years) Payable to Yolo County EMS
- Principal Instructor(s) Resume(s)
- EMR Training Program Course Location & Proposed Dates

I verify that the Emergency Medical Responder course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standards;

and

I verify that the Emergency Medical Responder course has the appropriate equipment, and adequate classroom space for the class to be taught.

I certify that I have read and understand the Yolo County Emergency Medical Services Agency (YEMSA) Policies and 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.

 Signature Program Director

 Date

 Signature Principal Instructor

 Date

*This application and **all** required items may be mailed, emailed, or placed in the drop box at the address above.
 The drop box is located across from the stairs and is labeled YEMSA drop box and is the **preferred method!**
 If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Initial/Renewal: