CONTINUING EDUCATION (CE) PROVIDER PROGRAM APPLICATION FORM

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

CE Provider Name:		Website:
Phone #:		Fax #:
Provider Headquarters:		
Provider Mailing Address:		
City:	State:	Zip:
Contact Person:		Phone #:
Contact Person Email:		
CE Provider Director Name:		
CE Clinical Director Name:		

Provider is a/an (check one):

❑ Base Hospital ❑ Paramedic Training Program ❑ Individual ❑ Local EMS Agency
❑ Other CE Provider ❑ Other Governmental Agency ❑ Other Hospital ❑ Other School
❑ Service Provider ❑ University/College

Attach the following documents to application:

❑ Copy of CE Certificate ❑ CE Program Director Resume ❑ CE Program Clinical Resume

Resumes should show individual's experience and qualifications in prehospital care/education, in accordance with Yolo County Emergency Medical Services Agency (YEMSA) Policy "Continuing Education (CE) Provider Requirements and Approval Process".

Attach/Enclose Fees: Payable to Yolo County EMS

❑ $ 2,500.00 (2 year Certification) *Fees waived for all Governmental Agencies

I certify that I have read and understand the YEMSA Policy "Continuing Education (CE) Provider Requirements and Approval Process", and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit and review provisions described. Furthermore, I certify all information on this application, to the best of my knowledge, is true and correct.

Continuing Education Program Director Name *Signature* *Date*

Continuing Education Program Clinical Director Name *Signature* *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:	Complete: