



Yolo County Emergency Medical Services Agency Service Provider

Revised Date: September 1, 2018

SPECIALTY & OPTIONAL SCOPE TRAINING PROGRAM APPLICATION FORM

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

Program Name: _____ Website: _____
 Phone: _____ Fax: _____
 Provider Headquarters: _____
 Provider Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person Email: _____ Phone: _____
 Program Director/Chief: _____ Title: _____
 Continuing Education/Quality Person: _____ Title: _____

Provider is a/an (check one):

- Emergency Medical Technician (EMT) Training Program Other Governmental Agency
 Paramedic Training Program Ambulance Service Provider

Optional Scope (check all that apply):

- King Airway Auto Injector (EpiPen[®]) - Epinephrine
 Naloxone Auto Injector (Mark 1/DuoDote Kit[®]) - Atropine and Pralidoxime Chloride

Attach the following documents to application:

- Description of the training Overview of the Quality Improvement Plan
 Skills Verification Check Sheets Program Director/Chief Resume
 Continuing Education/Quality Person Resume

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

Date

Signature Continuing Education Clinical Director

Date

*Applications 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:	Updated: