



Yolo County Emergency Medical Services Agency
Service Provider

Revised Date: September 1, 2018

SERVICE PROVIDER EMERGENCY MEDICAL TECHNICIAN (EMT)
OPTIONAL SCOPE PRINCIPAL INSTRUCTOR FORM

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

EMT Optional Scope Service Provider Agency:

Street Address:

City: State: Zip:

Telephone: Fax: Email:

Name of Principal Instructor:

Occupation: Present Employer:

Principal Instructor Email: Principal Instructor Phone:

Program Director/Chief: Title:

Continuing Education/Quality Person: Title:

I certify that I the Principal Instructor meet the following EMT Optional Scope Provider requirements (attach resume):

- Qualified by education or experience to teach the required curriculum.
A Physician (MD), Registered Nurse (RN), Physician Assistant (PA), Paramedic, or Advanced EMT, licensed or certified in California or a MD licensed in another state immediately adjacent to California.

Signature Principal Instructor Name/Title Date

EMT Optional Scope Service Provider Agency Chief Administrative Officer
Principal Instructor Approval

Signature Name/Title Date

EMT Optional Scope Provider Base Hospital
Principal Instructor Approval

Signature Name/Title 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.

Table with 4 columns: Received, Reviewed by, Approved by, Complete. Header: YEMSA USE ONLY