APPLICATION FOR AUTHORIZATION AS EMS APPROVED CONTINUING EDUCATION PROVIDER

Solano County Emergency Medical Services Agency
275 Beck Avenue, Fairfield, CA 94533

INITIAL: ☐ **RENEWAL:** ☐ **PROGRAM CHANGE:** ☐

C.E. Provider Name:	**Program Director:**
Provider Mailing Address:	**Provider Location (if different than mailing address):**
Program Clinical Director (Name):	**(Title):**
Primary Contact Person (Name):	**(Title):**
Program Instructor (Name):	**(Title):**
Phone # (Primary):	**Phone # (Alternate):**
Fax #	**Email:**

Provider is (check one): ☐ Local EMS Agency	**Provider is (check one):** ☐ EMT Training Program
☐ Governmental Agency	☐ Other School/College/University
☐ Prehospital Service Provider Agency	☐ Other CE Provider
☐ Hospital	☐ CA Statewide Public Safety Agency
☐ Individual	☐ CE Provider Headquartered in Another State
Estimated number of Prehospital CE courses to be provided:	

REQUIRED DOCUMENTATION:

- Completed Application;
- Curriculum Vitae of Program Director, Clinical Director, and Instructors (one individual may perform all these functions). Reference: Solano County EMS Policy 4500, Continuing Education Authorization Policy.
- In addition to required documentation submitted with this application, approved CE Providers must submit individual course documentation and maintain records as specified in policy.
- Application Fee - $500 (initial and biannual upon renewal of application). Fee waived for public safety agencies offering courses to "in-house" employees only and Solano County ALS Exclusive Ambulance Provider.

I certify that I have read and understand the "California Prehospital Continuing Education Guidelines" and Solano County EMS Policy #4500, 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 that all information on this application is true and correct to the best of my knowledge.

_____ _____
(Signature) (Date)

Application Rcvd (Date)	Reviewed by	Approval date	Expiration Date	Provider Number	Comments (on reverse)	Fee paid/date

EMS
ANYTIME. ANYWHERE. WE'LL BE THERE.
SOLANO PUBLIC HEALTH