



Application for Approval as a Pre-hospital Continuing Education (CE) Provider

Application type: _____ Initial _____ Renewal If renewal, CE Provider #33- _____

CE Provider agency name and location

Agency name: _____
Street: _____
City: _____

Phone number: _____
Fax number: _____
State: _____ Zip: _____

Provider mailing address (if different than above)

Street / PO Box: _____
City: _____

State: _____ Zip: _____

CE Provider Program Director

Name (First and last): _____ Email address: _____

Qualifying education: _____ CSFM Fire Instructor 1 Certification _____ NAEMSE Level 1 Course
_____ Other DOT / NHTSA course that meets the 2002 Guidelines for Educating
EMS Instructors: _____

Licensure / certification level: _____ Physician _____ RN _____ PA _____ EMT-P

**Proof of qualifying education and licensure must be included in the application packet*

Alternate program contact (if not the Program Director)

Name (First and last): _____ Email address: _____
Program role: _____

CE Provider Clinical Director

Name (First and last): _____ Email address: _____

Licensure level: _____ Physician _____ RN _____ PA _____ EMT-P

Experience: _____ Academic _____ Administrative _____ Clinical

**Proof of qualifying experience and licensure must be included in the application packet*

Provider is a / an:

_____ Pre-hospital services provider	_____ EMT-P / EMT-I training program	_____ College / university
_____ Base hospital	_____ Other school	_____ Individual
_____ Hospital	_____ Other government agency	_____ Other: _____

I certify that:

- I have read, and understand, [Title 22, Division 9, Chapter 11 \(Continuing Education\)](#) of the California Code of Regulations.
- I have read, and understand, all applicable Riverside County EMS Agency policies regarding [Continuing Education](#).
- I will comply with all regulations, guidelines, policies, and procedures described therein.
- I agree to comply with all audit & review provisions described therein.
- All information on this application, to the best my knowledge, is true and correct.

CE Program

Director signature: _____

Date: _____

Email **COMPLETE** CE provider application packets to
CEprovider@rivco.org or print and mail to:

CE Program Coordinator
Riverside County EMS Agency
450 E. Alessandro Blvd
Riverside, CA 92508