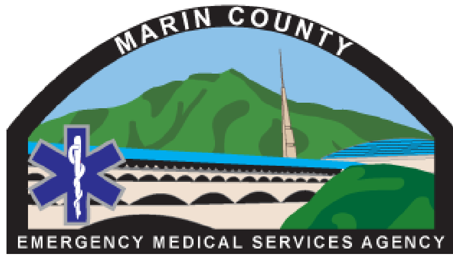

CE PROVIDER APPLICATION/RENEWAL

MARIN COUNTY EMS AGENCY
1600 Los Gamos Dr. #220, San Rafael, CA 94903
ph. 415-473-6871 fax 415-473-3747
www.MarinEMS.org

CE Provider Name:	Program Director:
Provider Mailing Address:	Provider Location (If other than mailing address):
Program Clinical Director:	Primary Contact Person:
Phone Number:	Email:

Applicant is (check one):

☐ Local EMS Agency ☐ EMT -1 Training Program ☐ Other Governmental Agency

☐ Other Service Provider Agency ☐ Other CE Provider ☐ Hospital ☐ Individual

Estimate Number of Prehospital CE Courses to be Provided:

I hereby certify that I have read and understand the regulations (California Code of Regulations, Title 22, Division 9, Chapter 11, EMS Continuing Education) and that the applicant agency will comply with all regulations as described. I agree to comply with all audit and review provisions. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct. I understand that failure to comply with the CE Provider regulations may result in revocation of CE Provider approval status.

Signature of CE Program Director:	Date:

With your application, please attach the following:

Resume(s) of CE Program Director and Program Clinical Director, which demonstrates individual(s) experience and qualifications in prehospital care/education as described in the CE regulations. A sample CE certificate and a sample of class flyer (if applicable).

Submit application and attachments to County of Marin, EMS Agency

For County of Marin EMS Agency use only:

Date Received	Reviewed by	Approval Date	Expiration Date	Provider #	Comments on Reverse Side