



**Yolo County Emergency Medical Services Agency**  
**Training Programs**

Revised Date: July 3, 2019

**CONTINUING EDUCATION (CE) PROVIDER  
PROGRAM APPLICATION FORM**

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

CE Provider Name: \_\_\_\_\_ Website: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Provider Headquarters: \_\_\_\_\_  
Provider Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contact Person Email: \_\_\_\_\_  
CE Provider Director Name: \_\_\_\_\_  
CE Clinical Director Name: \_\_\_\_\_

**Provider is a/an (check one):**

- Base Hospital       Paramedic Training Program       Individual       Local EMS Agency  
 Other CE Provider       Other Governmental Agency       Other Hospital       Other School  
 Service Provider       University/College

**Attach the following documents to application:**

- Copy of CE Certificate       CE Program Director Resume       CE Program Clinical Resume

Resumes should show individual's experience and qualifications in prehospital care/education, in accordance with Yolo County Emergency Medical Services Agency (YEMSA) Policy "Continuing Education (CE) Provider Requirements and Approval Process".

**Attach/Enclose Fees: Payable to Yolo County EMS**

- \$ 1,500.00 (2 year Certification)      \*Fees waived for all Governmental Agencies

I certify that I have read and understand the YEMSA Policy "Continuing Education (CE) Provider Requirements and Approval Process", 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 all information on this application, to the best of my knowledge, is true and correct.

\_\_\_\_\_  
Continuing Education Program Director Name      Signature      Date

\_\_\_\_\_  
Continuing Education Program Clinical Director Name      Signature      Date

*This application and **all** required items may be mailed or emailed.  
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:	Complete: