



Yolo County Emergency Medical Services Agency
Service Provider

Revised Date: July 15, 2019

**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*

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: