



Yolo County Emergency Medical Services Agency
Service Provider

Revised Date: April 6, 2021

SPECIALTY & OPTIONAL SCOPE
TRAINING PROGRAM APPLICATION FORM

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

Form fields for Program Name, Website, Phone, Fax, Provider Headquarters, Provider Mailing Address, City, State, Zip, Contact Person Email, Phone, Program Director/Chief, Title, Continuing Education/Quality Person, Title.

Provider is a/an (check one):

- Emergency Medical Technician (EMT) Training Program, Other Governmental Agency, Paramedic Training Program, Ambulance Service Provider

Optional Scope (check all that apply):

- Supraglottic Airway, Auto Injector (EpiPen®) - Epinephrine, Naloxone

Attach the following documents to application:

- Description of the training, Overview of the Quality Improvement Plan, Skills Verification Check Sheets, Program Director/Chief Resume, Continuing Education/Quality Person Resume

I certify that I have read and understand the Yolo County Emergency Medical Services Agency (YEMSA) Policies. I agree to comply with all audit & review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

Signature Continuing Education Program Director Date

Signature Continuing Education Clinical Director 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.

Table with 4 columns: Received, Reviewed by, Approved by, Updated. Header: YEMSA USE ONLY