



Prehospital/EMS Continuing Education (CE) Provider Application Packet

Submit completed application and supporting documentation to:

Contra Costa County EMS Agency
Attn: EMS CE Provider Approval
777 Arnold Drive, Suite 110
Martinez, CA 94553

(925)608-5454 - cchealth.org/EMS

CE Provider Checklist

| Description | Page # | EMS Use Only |
|--|---------------|--------------|
| CE Provider Application – completed and signed | | |
| Program Director Form and resume/supporting documentation | | |
| Clinical Director Form and resume/supporting documentation | | |
| Sample Course Evaluation Form | | |
| Sample continuing education (CE) certificate (consistent with Title 22, Div 9, Ch 11, Section 100395(m)) | | |
| Description of program facilities, equipment, examination security and student record keeping | | |
| CE Provider Approval Fee | | |
| EMS Agency Use Only | | |
| _____ | _____ | _____ |
| Reviewed by | Date Approved | Date Expires |

