

SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

EMT-I TRAINING PROGRAM

1. APPLICATION SUMMARY SHEET

Name of Training Institution:		
EMT-I training may be offered by approved training programs. Check one of the following:		
_____ (1)	Accredited universities and colleges including junior and community colleges, school districts, and private post-secondary schools.	
_____ (2)	Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.	
_____ (3)	Licensed general acute care hospitals which meet the following criteria: (a) hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and (b) provide continuing education to other health care professionals.	
_____ (4)	Agencies of government.	
_____ (5)	Public safety agencies.	
Course Title:		
Title of Text(s):		
Required Course Hours:		
	Basic	Refresher
Classroom (Didactic)		
Hospital (Didactic)		
Ambulance (Field)		
Hospital Training Site(s):		
Ambulance Training Site(s):		
Person who prepared application package:		
Name:		
Title:		
Phone Number:		
E-Mail:		
Date Submitted:		