

**SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF EMERGENCY MEDICAL SERVICES  
EMT-I TRAINING PROGRAM**

**2C. PROGRAM PRINCIPAL INSTRUCTOR**

(If more than one instructor, fill out one form for each)

(If same as Clinical Coordinator complete name only.)

Name:			
Address:			
Phone: (        )			
Occupation:			
Present Employer:			
Professional and/or Academic Degree(s) currently held:			
Professional License Number(s) (must be current and State of California):			
Expires:			
Expires:			
Expires:			
Expires:			
Emergency Care - Related Experience (showing two applicable years in the past five):			
Position	Responsibilities	Institution	Dates
(attach resume)			
1.			
2.			
3.			
Emergency Care - Related Education (within the past two years):			
Course Title	School	Course Length	Completion Date
1.			
2.			
3.			
What California teaching credential(s) do you now hold, if any?			
Type:			
Expiration Date:			
The principle instructor is required to teach no less than 50% of the didactic classroom hours (Title 22 CCR § 100071).			
Signature/Date:			
_____			
Program Director			