

SACRAMENTO COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
Continuing Education Provider Approval Course Summary.
(To be completed for each CE Course offered)

CE Provider:
Course Title:
CE Hours:
Instructor(s):
Relevance to Prehospital Care:
Learning Objectives:
Attach Course Description and Lecture Outline.
Signature/Date:

Program Director