

**SACRAMENTO COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
**Continuing Education Provider Approval Checklist A.**

CE Provider:		
	Enclosed	Approved
1. CE Course Summary(s)		
2. Teaching Staff Credentials		
a. Program Director		
b. Program Clinical Director		
c. Program Instructor(s)		
d. Teaching Assistant(s)		
3. Sample CE Certificate		

<b>FOR EMS USE ONLY:</b>
CE Level: BLS / ALS / BOTH (Circle one)
Date Application Received:
_____ Approved      Effective Date: _____      Expiration Date: _____
_____ Not Approved      Provider Number: 34 - _____
Comments:
Signature:
_____
Emergency Medical Services