Sacramento County Emergency Medical Services Agency (SCEMSA)
EMT Training Program
Principal Instructor(s)

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

Name:
Address:
Phone:
Principal Instructor Qualifications as outlined in Title 22, Chapter 2:
Professional License / Certification Number(s) (must be current and State of California)*:
List at least forty (40) hours in teaching methodology of instruction in areas related to methods, material, and evaluation of instruction*:
*Attach License / Certification / Education and Experience.
Date: Signature: Program Director (printed name): Program Director Signature: _____