



# PRINCIPAL INSTRUCTOR INFORMATION

INSTITUTION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_

PRINCIPAL INSTRUCTOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

| ELIGIBILITY STATUS   | LICENSE OR CERT. NO. | EXP. DATE |
|--|----------------------|-----------|
| Physician licensed in the State of California              | _____                | _____     |
| Registered Nurse licensed in the State of California       | _____                | _____     |
| Physician's Assistant certified in the State of California | _____                | _____     |
| EMT-P licensed in the State of California                  | _____                | _____     |
| EMT-I certified in the State of California                 | _____                | _____     |

**COURSES TO BE TAUGHT BY THIS INSTRUCTOR:**

|                        |                        |       |
|------------------------|------------------------|-------|
| EMT-I Training Course  | EMT-P Training Course  | Other |
| EMT-I Refresher Course | EMT-P Refresher Course | _____ |
| EMT-I Upgrade Course   | MICN Course            |       |

APPROVED BY: \_\_\_\_\_  
 Name of EMS Program Director

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

*A photocopy of all pertinent licenses and a resume, including all EMS work experiences, must be attached*

EMS AGENCY REVIEW

APPROVED

YES

\_\_\_\_\_  
Signature

NO

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date