San Joaquin County
Emergency Medical Services Agency

Date _____

Provider _____

Address _____

_____

Phone Number (____) _____-_____

Title of
Authorized Designator _____

Name
Of Authorized Designator _____

Signature of
Authorized Designator _____

The following is a list of pre-hospital emergency care persons that have been designated by this pre-hospital emergency care provider to verify the Competency of EMT-I skills for San Joaquin County:

Name	Level of Licensure or Certification	License or Certification	Expiration Date	Signature

This list expires on the second Friday in December.

Date _____

San Joaquin County
Emergency Medical Services Agency

Name	Level of Licensure or Certification	License or Certification	Expiration Date	Signature

Initial's of Authorized Designator _____

This list expires on the second Friday in December.