



San Joaquin County

Emergency Medical Services Agency



PARAMEDIC TRAINING PROGRAM

Medical Director Form 2800B

Level of Program ☐ Paramedic Training ☐ Critical Care Paramedic (CCP) Training

Name of Training Program _____

Name of Medical Director _____

Mailing Address _____

City _____ State _____ Zip Code _____

Professional License Type _____

Professional License Number	License Exp. Date	License Issued by:
_____	_____	_____

Telephone Number _____

Email Address _____

Training Program Medical Director Duties

Duties of the program medical director shall include, but not be limited to the following:

- (1) Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.
- (2) Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
- (3) Approval of hospital clinical and field internship experience provisions.
- (4) Approval of principal instructor(s).

Training Program Medical Director Attestation & Signature

I hereby certify under penalty of perjury that all information listed on this form and the attached resume is true and correct to the best of my knowledge and belief. I understand that any falsification or omission of material facts may cause denial, suspension, or withdrawal of the training program approval.

Name _____

Signature _____ Date _____

Attach the following:

1. Resume or CV
2. Print out of professional license verification