



San Joaquin County

Emergency Medical Services Agency



PARAMEDIC TRAINING PROGRAM **Program Director Form 2800C**

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

Name of Training Program _____

Name of Program Director _____

Mailing Address _____

City _____ State _____ Zip Code _____

Professional License Type _____

Professional	License Exp.	License
License Number	Date	Issued by:

Telephone Number _____

Email Address _____

Training Program Director Duties

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

- (1) Administration, organization and supervision of the educational program.
- (2) In coordination with the program medical director, approve the principal instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.
- (3) Ensure training program compliance with this California Code of Regulations (CCR), Health & Safety Code, and SJCEMSA Policies.
- (4) Sign all course completion records.
- (5) Ensure the preceptor(s) are trained according to the curriculum in the CCR.

Training Program 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