



San Joaquin County

Emergency Medical Services Agency



PARAMEDIC TRAINING PROGRAM

Principal Instructor Form 2800D

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

Name of Training Program _____

Name of Principal Instructor _____

Mailing Address _____

City _____ State _____ Zip Code _____

Professional License Type _____

Professional	License Exp.	License
License Number	Date	Issued by:

Telephone Number _____

Email Address _____

Principal Instructor Duties

Duties of the principal instructor(s) shall include, but not be limited to the following:

- (1) Development of curriculum, including instructional objectives, and approve all methods of evaluation.
- (2) Ensure training program compliance with this California Code of Regulations (CCR), Health & Safety Code, and SJCEMSA Policies.
- (3) Course coordination and instruction.
- (5) Ensure the students are trained according to the curriculum in the CCR.

Principal Instructor 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