



PRINCIPAL INSTRUCTOR INFORMATION FORM

Training Center Name:		
Address:		
Phone Number:		
Extension Number:		
I. Principal Instructor Name:		
Address:		
Phone Number:		
II. Eligibility Status:	License or Cert. Number	Expiration Date
<input type="checkbox"/> Physician licensed in CA:	_____	_____
<input type="checkbox"/> Registered Nurse licensed in CA:	_____	_____
<input type="checkbox"/> Physician Assistant licensed in CA:	_____	_____
<input type="checkbox"/> EMT-P licensed in CA:	_____	_____
<input type="checkbox"/> EMT certified in CA:	_____	_____
OR		
<input type="checkbox"/> Instructor candidate has completed a course consistent with section 100023 of the Health & Safety Code within the past two years. Please note the date and training institute where the course was completed.		
III. Course to be taught by this instructor:		
Training Courses:	If Other:	
Approved by:		
Name of Program Director:		
Signature:		
Date:		
IV. EMS Agency Review:		
<input type="checkbox"/> Approved		
<input type="checkbox"/> Not Approved		
Signature: _____		
Title: _____		
Date: _____		



If not approved, please state the reason:

INSTRUCTIONS:

Sections I – III must be completed.

Please email the completed form to emstraining@rivco.org Once this form has been received, EMS Agency staff will review and communicate back the approval status.