



TEACHING ASSISTANT INFORMATION FORM

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|--|
| Training Center Name: | | | |
| Address: | | | |
| Phone Number: | | | |
| Extension Number: | | | |
| I. Teaching Asst. 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/skills labs 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.