EMT Skills Competency Verifiers

_____
Program name

Program type	Date	Submitted by	Reason for submission
☐ EMT/paramedic training program ☐ approved CE provider ☐ public safety agency ☐ private ambulance provider ☐ other EMS provider		_____ _____ (name & title: role within Program)	☐ change / update ☐ annual listing (due to OCEMS by Jan 15 of each year)

RETURN COMPLETED FORM TO ORANGE COUNTY EMS; ATTENTION CE & TRAINING COORDINATOR

Name (typed)	*Certification / license #*	*Signature*

***Notify OCEMS any changes with your training programs skills competency verifiers.**
Send changes to EMSLicensing@OCHCA.com