EMS FIELD SUPERVISOR ACCREDIATION APPLICATION

Last Name: ________________________ First: ________________________

Company Name: _____________________  □ Paramedic  □ EMT  □ RN  □ Other

As the authorized representative of the company named above, I certify that the individual applying for EMS Field Supervisor Accreditation has completed the following: (Refer to Prehospital Care Policies #208 & #214)

1. Minimum of three (3) years field experience in the provision of emergency medical/prehospital care services.

2. Has been approved to be an EMS Field Supervisor by our company.

3. Is in good standing with the Santa Clara County EMS Agency and the California Emergency Medical Services Authority.

4. Completion of the following courses (attach copies of certificate):
   - ICS 100 or 195
   - ICS 200
   - ICS 300
   - Introductory SEMS Module
   - Introductory NIMS (IS 700)
   - WMD Awareness Course (ODP – AWR 160)
   - Radiological Emergency Management (IS 3)
   - Hazardous Material First Responder Operations Course

5. Successful completion of a company provided supervisor training program that includes, but is not limited to; personnel management, conflict resolution, crisis management, CISM and basic investigation skills.

Paramedic/BLS Coordinator

Printed Name: ____________________________ Title: __________________

Signature: ________________________________ Date: _________________