County of San Luis Obispo Public Health Department | Policy 220 Attachment A
Division: Emergency Medical Services Agency | Effective Date: 07/01/2026

EMR TRAINING PROGRAM APPLICATION

APPLICANT INFORMATION	
Training Program or Entity Name:	
Applicant Name:	Applicant Email:
Address:	Phone Number:

SUBMIT THE FOLLOWING WITH THIS APPLICATION:
☐ A letter of intent.
☐ A copy of all course materials, including but not limited to course outline, objectives, and presentations or handouts used for instruction.
☐ A copy of course written and skills tests.
☐ Passing standards for course written and skills tests.
☐ The name of the Program Director and Instructor(s), with resumes or descriptions of eligibility.
☐ A copy of the course completion certificate template.
☐ A copy of the EMS Quality Improvement Program (EMSQIP).

ATTESTATION OF EMR TRAINING PROGRAM APPLICANT	
I hereby certify that I have reviewed and understand the County of San Luis Obispo EMS Policy #220, EMR Training Program Approval.	
Signature of Applicant:	Date:

*****EMS AGENCY USE ONLY BELOW THIS LINE*****	
Received Date:	☐ Email confirmation of application received.
Authorization Date (w/in 21 work days):	☐ Letter on file.