



EMERGENCY MEDICAL SERVICES

APPLICATION FOR PARAMEDIC ACCREDITATION/INTERNSHIP AUTHORIZATION

SANTA BARBARA COUNTY EMS AGENCY

Check one:

_____ Application for Paramedic Accreditation

_____ Notification of internship for Paramedic Training Institute

1. Name:	
2. Address:	(street) (city) (state) (zip)
3. Telephone Number:	(home phone) (work phone)
4. Designated Training Officer:	
5. Employing Agency:	
Training Institute: (if applicable)	

Please submit the following:

1. A copy of current EMT-P License (for accreditation)
2. A copy of current BLS/ACLS/PALS (or PEPP) certification

Information below is to be completed by the EMS Agency	
Authorization approved:	(date)
Authorization is not approved because:	
ALS Provider notified on:	(date)
EMS Representative:	(signature)

APPROVED:

Nancy Lapolla

Angelo Salvucci