



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY**
Serving
San Bernardino, Inyo & Mono Counties

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1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
(909) 388-5823 FAX: (909) 388-5825

**TRAINING AND CONTINUING EDUCATION
STUDENT RECAP**

TRAINING PROGRAM INFORMATION

Name: _____

CE Provider No.: _____

Mailing Address: _____

Training Site(s) Address: _____

Program Director: _____ E-mail: _____

REPORTING YEAR (July 1 - June 30): _____ **to** _____

The following report must be submitted to ICEMA by all training programs and continuing education providers by July 15 each year whether or not any courses or CEs were provided.

Program Level (total number of students completing training in reporting year):

Emergency Medical Technician (EMT)

New: _____
Renewal: _____
Update: _____

Emergency Medical Technician-Paramedic (EMT-P)

New: _____
Renewal: _____
Update: _____
NREMT Transition: _____

Advanced Emergency Medical Technician (AEMT)

New: _____
Renewal: _____
Update: _____

Mobile Intensive Care Nurse (MICN)

New: _____
Renewal: _____
Update: _____

Public Safety First Aid (PSFA)

New: _____
Renewal: _____
Update: _____

Continuing Education

All CE Courses (not included above): _____