

COASTAL VALLEYS EMS AGENCY

SERVING MENDOCINO AND SONOMA COUNTIES



EMT Emergency Accreditation Authorization Training and Competency Verification Local Optional Scope-Vaccine Administration

Sponsoring ALS Provider Agency: _____

The authorized signature below verifies the EMTs on the list are sponsored by ALS Provider agency and have completed the training specified by CVEMSA for EMT vaccinators. All EMTs listed have demonstrated competency to the satisfaction of the ALS Provider Optional Scope Medical Director or authorized designee.

EMT Name	EMT Certificate Number	Date of Completion

ALS Provider Representative **Date**

CVEMSA Approval:
The above EMTs are accredited to practice local optional scope in accordance with California Code of Regulations Title 22 §100064 and CVEMSA EMS Special Memorandum 21-001.
Authorized EMS Agency Signature: