



EMS PROGRAM MANAGER APPLICATION

Department/Company: _____

Mailing Address: _____

General Phone: _____ General Email: _____

Program Manager's Name: _____ Position: _____

BLS Program ALS Program Both

Mailing Address: _____

Office Phone: _____ Cell Phone: _____

Email: _____

After Hours/Emergency Contact Number: _____

Individual authorized to act in place of the Program Manager:

Alternate Name: _____ Position: _____

Email: _____ Phone: _____

Administrator's Approval Signature: _____ Date: _____

***Email completed application to the Santa Clara County EMS Agency
at emsagency@ems.sccgov.org attention System Providers Unit Manager***