DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: TRAINING PROGRAMS

PARAMEDIC TRAINING PROGRAM APPROVAL REQUIREMENTS 901
PARAMEDIC INTERN CLINICAL EXPERIENCE AND FIELD
   INTERNSHIP REQUIREMENTS 903
MOBILE INTENSIVE CARE NURSE (MICN) DEVELOPMENT PROGRAM
   APPROVAL REQUIREMENTS 904
CRITERIA FOR APPROVAL OF EMT TRAINING PROGRAMS 906
TRAUMA PREVENTION AND PUBLIC EDUCATION 908