



**LOS ANGELES COUNTY
EMERGENCY MEDICAL SERVICES AGENCY**

EMS CE PROGRAM ATTESTATION

EMS CE PROGRAM NAME: _____

This form shall be completed and submitted to the EMS Agency.

I, as the EMS CE Program Director hereby certify this EMS CE Program complies with the training and evaluation of cognitive and skills competency set forth in the California Code of Regulations, Title 22, Division 9, Chapter 2, Emergency Medical Technician for the following requirements:

- Finger stick blood glucose testing and glucose administration
- Administration of naloxone by auto-injector, intramuscular, and intranasal.
- Administration of epinephrine by auto-injector.

Moreover, this EMS CE program certifies:

- These changes were implemented on (date) _____ and shall remain in place until further direction is received from the EMS Agency.
- Appropriate equipment has been obtained and will be utilized for instruction and demonstration of competency by participants.

Program Director Name (print)

e-mail

Program Director Signature

Date