

County of Los Angeles Emergency Medical Services Agency

Pre-hospital Programs
10100 Pioneer Blvd. Suite 200
Santa Fe Springs, CA. 90670



This is to certify that

State # _____
LA County # _____

**has successfully completed a
course of instruction in
Alternative Staffing for
Approved ALS Units (1&1 Program) on**

(Certificate of Completion expires 2 years from issue date)

4 hours of instruction

Print instructor name and certification number

**By signing this document, I certify that the person named here has completed the training
and successfully demonstrated skills performance required by the program.**

Instructor Signature
