



County of Santa Clara  
Emergency Medical Services System

*Policy #912:  
EMS PROGRAM MANAGER APPLICATION*

**EMS PROGRAM MANAGER APPLICATION**

Department/Company:\_\_\_\_\_

Mailing Address:\_\_\_\_\_

General Phone:\_\_\_\_\_ General Fax:\_\_\_\_\_

Program Manager's Name:\_\_\_\_\_ Position:\_\_\_\_\_

BLS Program

ALS Program

Both

Mailing Address:\_\_\_\_\_

Office Phone:\_\_\_\_\_ Office Fax:\_\_\_\_\_

Email:\_\_\_\_\_ Other Number:\_\_\_\_\_

After Hours/Emergency Contact Number:\_\_\_\_\_

Individual authorized to act in place of the Program Manager:\_\_\_\_\_

Administrator's Approval Signature:\_\_\_\_\_ Date:\_\_\_\_\_

***Fax completed application to the Santa Clara County EMS Agency with special attention to the System Providers Unit Manager at 408-885-3538.***