



## Emergency Medical Services (EMS) Systems Training Program Application

### Applicant Agency

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact \_\_\_\_\_ Daytime Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Training Site \_\_\_\_\_ EMS System Number \_\_\_\_\_

It is requested that this organization be authorized to conduct the following:

### Course Type

- ☐ First Responder Defibrillator / Emergency Medical Responder
- ☐ Emergency Medical Technician
- ☐ Emergency Medical Dispatch
- ☐ Emergency Medical Technician - Intermediate
- ☐ Paramedic
- ☐ Lead Instructor
- ☐ Pre-hospital RN
- ☐ Advanced Emergency Medical Technician
- ☐ Emergency Communications RN
- ☐ Other

### Continuing Education

- ☐ Continuing Education
- ☐ Symposium / Conference

### Mark Appropriate Level

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> FRD / EMR    | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> EMD          | <input type="checkbox"/> PHRN      |
| <input type="checkbox"/> EMT          | <input type="checkbox"/> ECRN      |
| <input type="checkbox"/> EMT-I / AEMT | <input type="checkbox"/> LI        |

Number of Hours \_\_\_\_\_

### 1. Program Instructor(s)

a. Lead Instructor Name \_\_\_\_\_

ID Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Level \_\_\_\_\_

b. Associate Instructor Name \_\_\_\_\_

ID Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Level \_\_\_\_\_

### 2. Course Availability

a. Estimated Number of Students \_\_\_\_\_

b. Geographic Area to be Served \_\_\_\_\_

c. Proposed Starting / Ending Dates \_\_\_\_\_



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### 3. Classroom Facilities / Location(s)

Please indicate size and number of rooms expected to be used for didactic sessions.

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### 4. Instructors

List the names of guest speakers and the specific topic that the individuals will be presenting (attach resumes).

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### 5. Curriculum

a. Attach a proposed course schedule that corresponds to the correct curricula and include instructor(s), dates, times and topics.

b. Textbook Name / Author / Edition \_\_\_\_\_

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### 6. I am familiar with and assure that this course will be taught in accordance with the lesson plans of the:

☐ Current National EMS Education Standards (through 12/2012)    ☐ National EMS Education Standards

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**Lead Instructor / Course Coordinator Signature**

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**Date**

### 7. I have reviewed this application and assure it will be taught in accordance with the appropriate curriculum, as indicated above.

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**EMS Medical Director**

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**Date**

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**EMS System Coordinator**

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**Date**

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**Regional EMS Coordinator Signature**

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**Date**

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Course Site Code

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Credit Hours

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Course Site Code

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Credit Hours

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Course Site Code

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Credit Hours