

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF EMERGENCY MEDICAL SERVICES  
AND HIGHWAY SAFETY

**TRAINING PROGRAM APPLICATION FORM**

**Applicant Agency**

**Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Agency Training Officer:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Training Officer Email:** \_\_\_\_\_

**Training Site:** \_\_\_\_\_

**It is requested that this organization be authorized to conduct:**

**Course Type**

- First Responder
- Emergency Medical Dispatch Course
- EMT- Basic Course
- EMT – Intermediate Course
- EMT – Paramedic Course
- Pre-Hospital RN
- ECRN
- EMT Lead Instructor Course

**Continuing Education**

- Continuing Education
  - Symposium
  - Number of Hours Requested - \_\_\_\_\_
- Mark Appropriate Level
- EMT-B
  - EMT-I
  - EMT-P
  - Pre-Hospital RN / ECRN
  - Other \_\_\_\_\_

1. IDPH Lead Instructor(s)

a. Name \_\_\_\_\_  
License Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Instructor Course Date \_\_\_\_\_  
Instructor Course Site \_\_\_\_\_

b. Name \_\_\_\_\_  
License Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Instructor Course Date \_\_\_\_\_  
Instructor Course Site \_\_\_\_\_

2. Course Availability

- a. Estimated number of students per course \_\_\_\_\_
- b. Geographic area to be served \_\_\_\_\_
- c. Proposed starting/ending dates \_\_\_\_\_
- d. Licensure examination site (if applicable) \_\_\_\_\_
- e. Licensure examination date (if applicable) \_\_\_\_\_



**Peoria Area EMS  
Agency Training Application**

**Section 1:**

Check one of the following:

Annual Agency Continuing Education (Please complete Section 2)

Course: \_\_\_\_\_ (i.e. EMT-B, EMT-I, etc.)

Objectives follow the National Standard Curriculum

1. Objectives may be found at:

<http://www.nhtsa.dot.gov/people/injury/ems/pub/emtbnscc.pdf>

2. Attach Syllabus/Course Calendar

3. Completion of Section 2 of this form is not required if following the National Standard Curriculum.

Special/Other Training: \_\_\_\_\_

Please complete Section 2

**Section 2: (On Next Page)**

**Section 2:**

If continuing education is multilevel (i.e. BLS & ALS) a minimum of 3 objectives are required for each level (i.e. BLS=3 and ALS=3).

Please complete one of the following blocks for each training date/topic:

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**Topic:** \_\_\_\_\_

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**ALS Objectives: (if applicable)**

At the completion of the training, the provider will be able to:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. discuss the relationship of the established PAEMS protocols.

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**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Number of CE Hours Requested:** \_\_\_\_\_

**Topic:** \_\_\_\_\_

**Instructor(s):** \_\_\_\_\_

**Location Training Held At:** \_\_\_\_\_

**Objectives:** (Minimum 4 objectives per topic)

(Objectives may be found at: <http://www.nhtsa.dot.gov/people/injury/ems/pub/emtbnscc.pdf>)

**BLS Objectives:**

At the completion of the training, the provider will be able to:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. discuss the relationship of the established PAEMS protocols.

**ALS Objectives: (if applicable)**

At the completion of the training, the provider will be able to:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. discuss the relationship of the established PAEMS protocols.

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**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Number of CE Hours Requested:** \_\_\_\_\_

**Topic:** \_\_\_\_\_

**Instructor(s):** \_\_\_\_\_

**Location Training Held At:** \_\_\_\_\_

**Objectives:** (Minimum 4 objectives per topic)

(Objectives may be found at: <http://www.nhtsa.dot.gov/people/injury/ems/pub/emtbnscc.pdf>)

**BLS Objectives:**

At the completion of the training, the provider will be able to:

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\_\_\_\_\_
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\_\_\_\_\_
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\_\_\_\_\_
4. discuss the relationship of the established PAEMS protocols.

**ALS Objectives: (if applicable)**

At the completion of the training, the provider will be able to:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. discuss the relationship of the established PAEMS protocols.