



# 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.

\_\_\_\_\_

4. Instructors

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

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
**Lead Instructor / Course Coordinator Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**EMS Medical Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**EMS System Coordinator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Regional EMS Coordinator Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Course Site Code

\_\_\_\_\_  
Credit Hours

\_\_\_\_\_  
Course Site Code

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Agency Training Application**

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

**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)**

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