EMS PRIMARY TRAINING COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 53364 (2/2016)

Instructions: Type or print clearly. This request must be completed by the course coordinator and submitted to DEMST at least **two weeks** prior to beginning the course. Please keep a copy for your records. **Use one form per course.**

☐ EMT	☐ Emergency Medical Responder (EMR)

Physical location of course (ambulance hall, fire hall, etc.)			
Address	City	State	Zip Code
Start Date	End Date		Total Hours
Course will be held on: (Check all that apply)	☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa	Meeting Time	
Course Coordinator		State EMS #	
Address	City	State	Zip Code
E-Mail	Telephone Number		
Primary Instructor		State EMS #	
Secondary Instructor(s)		State EMS #	
Physician Medical Director			
Textbook Used	Publisher		Edition
State Practical Test Site Date (Initial EMT only)			
Contact Person		Telephone Number	

Check all materials you wish to receive below. If nothing is checked, no materials will be sent. Only one copy of each document will be supplied by DEMST. All requested materials will be send to the individual listed as course coordinator.

☐ Roster	☐ Certificate of Completion (transitional completion certificates are required by NREMT.)
☐ Student EMS Registration	☐ Practical Skill Sheets

As course coordinator I will secure course materials and visual aids, secure use of classroom facilities, prepare and implement class schedules, arrange and schedule in-hospital observation and training, and perform other appropriate class functions. I will adhere to the appropriate standard curriculum throughout the course as well as adhering to DEMST security requirements. A schedule must be submitted with request for initial courses.

Signature of Course Coordinator	Date

A COURSE AUTHORIZATION NUMBER WILL BE INCLUDED IN THE COURSE AUTHORIZATION LETTER UPON APPROVAL
PLEASE KEEP THIS NUMBER FOR YOUR RECORDS AND USE ON ALL COURSE CORRESPONDENCE

PLEASE NOTE: AN EMS REGISTRATION FORM MUST BE COMPLETED FOR EACH STUDENT AT THE BEGINNING OF EACH EMT COURSE AND UPON COMPLETION OF EACH EMR COURSE.

DEMST USE ONLY

Course Authorization #
Posted on website
Handouts sent

North Dakota Department of Health
Division of EMS and Trauma
1720 Burlington Dr
Bismarck, ND 58504