EMERGENCY MEDICAL DISPATCH COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 53509 (3/2016)

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

Physical Location of Course			
Address	City	State	Zip
Start Date	End Date		Total Hours
Course will be held on: (Check all that apply) ☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa		Meeting Time	
Instructor		State EMS #	
Address	City	State	Zip Code
E-Mail		Telephone Number	
☐ Open Course ☐ Closed Course	If Open, list Contact Person	Telephone Number	

As dispatch instructor, I will secure course materials and visual aids, secure use of classroom facilities, prepare and implement class schedules and perform other appropriate class functions. I will adhere to the Emergency Medical Dispatch National Standard Curriculum or other DEMST approved curriculum throughout the course.

Course Coordinator Signature	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 AND SUBMITTED WITH THE ROSTER UPON COURSE COMPLETION.

Submit completed form to:

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMS AND TRAUMA
1720 BURLINGTON DR
BISMARCK, ND 58504
Telephone: 701.328.2388
Fax: 701.328.0357
Email: dems@nd.gov