# INSTRUCTOR / COORDINATOR COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 53362 (4/2016)

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.

| | | | |
|---|---|---|---|
| EMS Instructor / Coordinator Course | ☐ Initial ☐ Refresher | Do you have Broadband Internet Access? (required) | ☐ Yes ☐ No |
| Continuing Education Coordinator Course | ☐ Initial ☐ Refresher | ☐ Open Course | ☐ Closed Course |

| | | | |
|---|---|---|---|
| Physical Location of Course | | | |
| Address | End Date | State | Zip |
| Start Date | City | | 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 |
| E-Mail | | Telephone Number | |
| If Open, list Contact Person | | Telephone Number | |
| Primary Instructor | | State EMS # | |

Broadband internet access in your classroom is a requirement for this course. Upon approval you will be contacted by DEMST to schedule a time where your class will attend a video conference conducted by DEMST. You will not be required to purchase software for this event, however you will need access to a computer, multi-media projector, microphone and speakers. The presentation by DEMST is approximately one hour in length for initial and refresher courses.

As I/C Course Coordinator, I will secure course materials and visual aids, secure use of classroom facilities, prepare and implement class schedule, and perform other appropriate class functions. I will adhere to the EMS Instructor Training Program DOT National Standard curriculum or other DEMST approved curriculum throughout the course.

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: A ROSTER WITH STUDENT NAMES MUST BE SUBMITTED BEFORE LICENSURE WILL BE ISSUED.

Print Form