



EMS PRIMARY TRAINING COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 53364 (01/2021)



This request must be completed by the course coordinator and submitted to DEMS 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)		Meeting Time	
Su M Tu W Th F Sa			
Course Coordinator		State EMS Number	
Address		City	State
ZIP Code			
E-Mail		Telephone Number	
Primary Instructor		State EMS Number	
Secondary Instructor(s)		State EMS Number	
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 DEMS. All requested materials will be sent 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
KEEP THIS NUMBER FOR YOUR RECORDS AND USE ON ALL COURSE CORRESPONDENCE

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

For DEMS Use Only:

Course Authorization Number
Posted on Website
Handouts Sent



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