



## ENHANCED SKILLS TRAINING APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF EMERGENCY MEDICAL SYSTEMS  
SFN 53353 (02/2021)



This application must be completed by the Course Coordinator and submitted to DEMS at least **two weeks** prior to beginning the class. Please keep a copy for your records.

Enhanced Skill			
Physical Location of Course			
Address	City	State	ZIP Code
Start Date	End Date		
Meeting Time	Total Hours		
Course Coordinator		State EMS Number	
Address	City	State	ZIP Code
E-Mail		Telephone Number	
Primary Instructor		State EMS Number	
Physician Medical Director			

Please check below all materials you wish to receive. If nothing is checked, no materials will be sent. Please note: Only one copy of each document will be supplied by DEMS. All necessary paperwork will be sent to the listed Course Coordinator.

Roster / Physician Preceptor Form - must be completed, signed, and submitted to DEMS for students to obtain authorization to perform skills.	
Practical Exam	Answer Key
Written Exam	Power Point Presentation (if available for course chosen)

### COURSE AUTHORIZATION NUMBERS ARE NOT ISSUED FOR ENHANCED SKILL COURSES

For DEMS Use Only:

Date Received
Materials Sent
Approved