



## Application for EMS Training/Refresher Program Approval

Training Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Program Director: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Clinical Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Principal Instructors: (Use additional paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_

1. Training Course: (circle one) EMT AEMT EMT-P MICN Other: \_\_\_\_\_

Text (Primary): \_\_\_\_\_

Workbook: \_\_\_\_\_

Author: \_\_\_\_\_ Publication Date: \_\_\_\_\_

Text (Secondary): \_\_\_\_\_

Workbook: \_\_\_\_\_

Author: \_\_\_\_\_ Publication Date: \_\_\_\_\_

2. Refresher Course: (circle one) EMT EMT-P Other: \_\_\_\_\_

Text: \_\_\_\_\_ Edition: \_\_\_\_\_

Workbook: \_\_\_\_\_

Author: \_\_\_\_\_ Publication Date: \_\_\_\_\_

Submitted By: NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<u>Reviewed by:</u>	<u>Date:</u>	<u>Status:</u>
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