

**EMERGENCY VEHICLE OPERATOR COURSE (EVOC)
AUTHORIZATION REQUEST**

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 53359 (01/2022)



This request must be completed and submitted to DEMS at least **two weeks** prior to beginning the course. Keep a copy for your records.

Physical Location of Course							
Address		City		State		ZIP Code	
Start Date		End Date				Total Hours	
Class will be held every	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Class Times							
EVOC Instructor				State EMS Number			
Address		City		State		ZIP Code	
E-Mail				Telephone Number			
Additional Instructor (If Applicable)				State EMS Number			
Do you wish to be granted a waiver on conduct of the practical portion of this class?						Yes	No
Course Type	Open	Closed					
If open, list Contact Person				Telephone Number			

As EVOC 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 Vehicle Operator National Standard Curriculum or other DEMST approved curriculum throughout the course.

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

For DEMS Use Only:

Course Authorization Number
Posted on Website
Handouts Sent

This form may be completed and mailed to:
North Dakota Department of Health
Division of Emergency Medical Systems
1720 Burlington Dr – Suite A
Bismarck ND 58504-7736

You may also submit the completed form via e-mail to dems@nd.gov or via fax at 701-328-0357.

Our website is: www.health.nd.gov

For questions, call our office at 701-328-2388 or e-mail us at dems@nd.gov.