

EMS PRIMARY TRAINING COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 53364 (01/2022)



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. **One course per form.**

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): Su M Tu W Th F Sa			Meeting Time
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.			
<input type="checkbox"/> Roster	<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> EMS Registration	<input type="checkbox"/> 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 DEMS security requirements. A schedule must be submitted with request for initial courses.			
Signature of Course Coordinator			Date

A course authorization number will be provided in the course authorization letter upon approval. Keep this number for your records and include 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:

Handouts Sent	Course Authorization Number
---------------	-----------------------------

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.