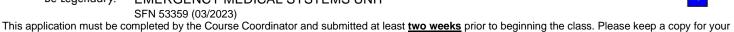


record.

EMERGENCY VEHICLE OPERATOR COURSE (EVOC) AUTHORIZATION REQUEST

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMERGENCY MEDICAL SYSTEMS UNIT



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Physical Location of Course								
Address		City	/	State	State		ZIP Code	
Start Date	End Date					Total Hou	Total Hours	
Class will be held every	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Class Times								
EVOC Instructor			State EMS Number					
Address		City	State	State		ZIP Code		
E-Mail			Telephone	Telephone Number				
Additional Instructor (If Applicable)			State EMS	State EMS Number				
Do you wish to be granted	a waiver on co	nduct of the	practical portior	of this class?	Yes	s N	0	
Course Type	Open	Clo	sed					
If open, list contact person				Telephone	e Number			
As EVOC Instructor, I will secure of other appropriate class functions. throughout the course.								
Signature of Course Coordinator				Date				
A COURSE AUTHO PLEASE PLEASE NOTE: AN EMS RE	KEEP THIS NUME	BER FOR YOU RM MUST BE C	R RECORDS AND	USE ON ALL COL ACH STUDENT A	JRSE CORRESPO	NDENCE		
For HHS Use Only:								
Course Authorization Number								
Posted on Website								
Handouts Sent								
This form may be completed and mailed to: You may als					submit the con	npleted form	via	

This form may be completed and mailed to:
North Dakota Department of Health and Human Services
Emergency Medical Systems Unit
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.hhs.nd.gov