



Type or print clearly. This request must be completed by the Dispatch Instructor and submitted at least **two weeks** prior to beginning the course. Please keep a copy for your records.

Physical Location of Course:			
Address:	City:	State:	Zip Code:
Start Date:	End Date:	Total Hours:	
Course will be held on the following day(s):		Meeting Time:	
Instructor:		State EMS Number:	
Address:	City:	State:	Zip Code:
Email:		Telephone Number:	
List contact person if different from course instructor:		Telephone Number:	
This course is: Open Closed			
As dispatch 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 Medical Dispatch National Standard Curriculum or other curriculum approved by the Emergency Medical Systems Unit throughout the course.			
Course Instructor Signature:		Date:	

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.
AN EMS REGISTRATION FORM MUST BE COMPLETED FOR EACH STUDENT AND SUBMITTED WITH THE ROSTER UPON COURSE COMPLETION.

For HHS Use Only:

Handouts Sent	Course Authorization Number
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This form may be completed and mailed to:
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 email to dems@nd.gov or via fax at 701-328-0357.

Our website is: www.hhs.nd.gov

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