

EMS PRIMARY TRAINING COURSE AUTHORIZATION REQUEST

DEPARTMENT OF HEALTH AND HUMAN SERVICES
EMERGENCY MEDICAL SYSTEMS UNIT
SFN 53364 (12/2022)



This request must be completed by the course coordinator and submitted at least **two weeks** prior to beginning the course. Please keep a copy for your records. **One course per form.**

	<input type="checkbox"/> EMT	<input type="checkbox"/> Emergency Medical Responder (EMR)	<input type="checkbox"/> Open Course	<input type="checkbox"/> Closed Course
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): <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> 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. 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				
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 HHS 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 HHS Use Only:				
Handouts Sent		Course Authorization Number		

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
 e-mail 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.