



This application must be completed by the Course Coordinator and submitted at least **two weeks** prior to beginning the class. Please keep a copy for your records.

Enhanced Skill			
Physical Location of Course			
Address	City	State	ZIP Code
Start Date	End Date		
Meeting Time	Total Hours		
Course Coordinator		State EMS Number	
Address	City	State	ZIP Code
E-Mail		Telephone Number	
Primary Instructor		State EMS Number	
Physician Medical Director			

Please check below all materials you wish to receive. If nothing is checked, no materials will be sent. Please note: Only one copy of each document will be supplied. All necessary paperwork will be sent to the listed Course Coordinator.

Roster / Physician Preceptor Form - must be completed, signed, and submitted for students to obtain authorization to perform skills.	
Practical Exam	Answer Key
Written Exam	Power Point Presentation (if available for course chosen)

COURSE AUTHORIZATION NUMBERS ARE NOT ISSUED FOR ENHANCED SKILL COURSES

For HHS Use Only:

Date Received
Materials Sent
Approved

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

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