



This form is to be used by licensed EMS Training Institutions only. This is a notification to the Emergency Medical Systems Unit for tracking purposes. You will not receive written approval for this course.

Today's Date		Course Number	
Training Institution License Number		Level of Course	
Open Course	Closed Course	Course Start Date	Course End Date
Primary Instructor Name		Primary Instructor 6 Digit State ID Number	
Physical Location of Course			
Address		City	State ZIP Code

Clinical Internship Sites

Field Internship Sites

Post on DEMS Website:	Yes	No
If you would like the course to be listed on the HHS website, the following information must be supplied.		
If course type is marked as closed it <u>will not</u> be posted on the HHS website and the below information is not required.		
Contact Person	Telephone Number	
Email Address	Meeting Times	
Course will be held on: (Check all that apply)	Sun	M Tu W Th F Sa

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 email to dems@nd.gov or via fax to 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