



Enhanced skills authorization **MUST** be signed by a physician. Submit EMS Registration forms for your course if applicable.

Course Authorization Number (If applicable)		Course Type		
Course Coordinator License Number		Course Start Date	Course End Date	
Course Location (City)				

EMS License Number	Full Name	Level	Written	Practical
1			Pass	Pass
2			Pass	Pass
3			Pass	Pass
4			Pass	Pass
5			Pass	Pass
6			Pass	Pass
7			Pass	Pass
8			Pass	Pass
9			Pass	Pass
10			Pass	Pass

The above/below-named person(s) is affiliated with _____ (agency) within the geographic area of my practice. Those listed above are allowed to provide the ALS skills designated by me as part of my practice and only as a result of my delegation of the authority to do so. The above-named person(s) must also have current certification to perform named skill. I may revoke this authority at any time. If I do so, I will provide the Emergency Medical Systems Unit with written notification of the revocation.

This document expires June 30, 20____ .

Physician Name	Medical License Number
Physician Signature	Date

By signing below, I hereby certify that all information stated above is true and correct.

Signature of Course Coordinator	Date
---------------------------------	------

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.

EMS License Number	Full Name	Level	Written	Practical
11			Pass	Pass
12			Pass	Pass
13			Pass	Pass
14			Pass	Pass
15			Pass	Pass
16			Pass	Pass
17			Pass	Pass
18			Pass	Pass
19			Pass	Pass
20			Pass	Pass
21			Pass	Pass
22			Pass	Pass
23			Pass	Pass
24			Pass	Pass
25			Pass	Pass
26			Pass	Pass
27			Pass	Pass
28			Pass	Pass
29			Pass	Pass
30			Pass	Pass
31			Pass	Pass
32			Pass	Pass
33			Pass	Pass
34			Pass	Pass
35			Pass	Pass