ADAVNCED LIFE SUPPORT -REFRESHER TRAINING APPLICATION

North Dakota Department of Health
Division of Emergency Medical Services
600 E. Boulevard Ave Dept 301
Bismarck, ND 58505-0200

Instructions: All fields must be completed and submitted to the Division of Emergency Medical Services **at least two weeks prior** to beginning the course. Official Course Authorization will be emailed to course coordinator.

Type of Training		Date of Training	
Estimated Number of Students		Total Hours (Classsrom)	
Location of Course			
Address			
City		Zip Code	
Course Coordinator		State ID Number	
Address			
City		State		Zip Code	
Home Phone		Work Phone	
Email			
Primary Instructor		State ID Number	
Medical Director (for this course)			

Handouts Sent_____ Authorization Date_____

Submit by Er

APPROVED_____
State EMS Training Coordinator

Print Form