EVOC/EMD-911/EXTRICATION 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					
Number of Students/**Initial**		Number of Students/**Refresher**			
Location of Course					
Address					
City		Zip Code			
Course Start Date		Course End Date		Time	
Course will be held every (Tues, Thurs, etc)					
Course Coordinator		State ID Number			
Address					
City		State		Zip Code	
Home Phone		Work Phone			
Email					
Primary Instructor		State ID Number			
PERMISSION TO POST ON DEMS WEBSITE?					

If CARBUSTER Videos need to be reserved for the above training, please call (701-328-2388) for scheduling

AS COURSE COORDINATOR, I WILL SECURE COURSE MATERIALS AND VISUAL AIDS, SECURE THE USE OF CLASSROOM, PREPARE AND IMPLEMENT CLASS SCHEDULES, AND PERFORM OTHER APPROPRIATE CLASS FUNCTIONS. I WILL ADHERE TO THE NATIONAL STANDARD CIRRICULA OR NORTH DAKOTA STATE STANDARD CIRRICULUM THROUGHOUT THE COURSE.

BY ENTERING MY NAME AND DATE BELOW I STATE THAT I AM A CURRENTLY LICENSED INSTRUCTOR COORDINATOR WITH THE STATE OF NORTH DAKOTA AND AGREE TO THE TERMS AND CONDITIONS MENTIONED ABOVE

DATE

COURSE COORDINATOR

Print Form

Submit by Email

DEMS USE ONLY

APPROVED_____

EMS SPECIALIST

DATE HANDOUTS SENT_____

POSTED ON WEBSITE_____

AUTHORIZATION NUMBER_____