EMS PRIMARY TRAINING COURSE AUTHORIZATION REQUEST

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					
Location of Course					
Address					
City				Zip Code	
Approximate date course will begin:		Approximate date course will end:		Total Hours	
The class will meet: (i.e. Tuesdays or Tues & Thurs, etc.)					
Meeting Time		State Practical Test Site Date			
Medical Director (for this course)					
Course Coordinator		State ID Number			
Address					
City		State		Zip Code	
Home Phone		Work Phone		Cell Phone	
Email (Course Coordinator)					
Primary Instructor		State ID Number			

PERMISSION TO POST ON DEMS WEBSITE?

Please check the materials you wish to receive on the list below. If nothing is checked, no materials will be sent.
Please note - only one copy of each document will be supplied by our office.
National Registry and State testing applications and EMS Registrations can be downloaded from our website. **All students must complete and submit an EMS Registration with our department upon enrollment into class. Candidates will not be allowed to test without a 6 digit State ID number.**
If you plan on conducting your own local written exam a separate proctor form must be completed.
Note: As of January 1, 2007 written exams will be conducted at Pearson Vue Test Centers only. Please contact DEMS for nearest location.

- ☐ Testing Materials (test, answer key, answer sheet)
- ☐ Student Handbook
- ☐ Certificate of Completion
- ☐ Student Handouts

AS COURSE COORDINATOR, I WILL SECURE COURSE MATERIALS AND VISUAL AIDS, SECURE USE OF CLASSROOM FACILITIES, PREPARE AND IMPLEMENT CLASS SCHEDULES, ARRANGE AND SCHEDULE IN-HOSPITAL OBSERVATION AND TRAINING, AMBULANCE CLINICAL ROTATIONS AND PERFORM OTHER APPROPRIATE CLASS FUNCTIONS. I WILL ADHERE TO THE APPROPRIATE STANDARD CIRRICULUM THROUGHOUT THE COURSE AND TO DEMS SECURITY REQUIREMENTS.

BY TYPING TODAY'S DATE, YOUR NAME AND SUBMITTING BELOW YOU STATE THAT YOU ARE CURRENTLY LICENSED WITH THE STATE OF NORTH DAKOTA AS AN INSTRUCTOR/ COORDINATOR AND AGREE TO THE TERMS AND CONDITIONS MENTIONED ABOVE.

TODAY'S DATE

COURSE COORDINATOR

Submit by Er

Print Form

DEMS USE ONLY

APPROVED_____
STATE EMS TRAINING COORDINATOR

Course Authorization Number_____

Handouts Sent_____

Posted on website_____