NORTH DAKOTA AUTOMOBILE EXTRICATION COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
600 E BOULEVARD AVE. DEPT 301
BISMARCK ND 58505-0200
TELEPHONE (701) 328-2388 FAX (701) 328-1702

SFN 53360 (12/2009)

Instructions: Type or print clearly. This request must be completed by the Extrication Instructor and submitted to DEMST at least **two weeks** prior to beginning the course. Please keep a copy for your records.

Physical Location of Course			
Address	City	State	Zip
Start Date	End Date		Total Hours
Course will will be held on: (Check all that apply) ☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa		Meeting Time	
Extrication Instructor		State EMS #	
Address	City	State	Zip
E-Mail		Telephone Number	
Additional Instructor (If Applicable)		State EMS #	
☐ Open Course ☐ Closed Course	If open, list Contact Person	Telephone Number	
☐ "CARBUSTER" Videos needed? **If box is not checked, no videos will be sent**	If videos are requested, please list dates needed From	To	

As extrication instructor, I will secure course materials and visual aids, secure of of classroom facilities, prepare and implement class schedules and perform other appropriate class functions. I will adhere to the North Dakota Automobile Extrication or other DEMST approved curriculum throughout the course.

Signature of Course Coordinator_____ Date_____

A COURSE AUTHORIZATION NUMBER WILL BE INCLUDED IN THE COURSE AUTHORIZATION LETTER UPON APPROVAL.
PLEASE KEEP THIS NUMBER FOR YOUR RECORDS AND USE ON ALL COURSE CORRESPONDENCE.
PLEASE NOTE: AN EMS REGISTRATION FORM MUST BE COMPLETED FOR EACH STUDENT AND INSTRUCTOR AND SUBMITTED WITH THE ROSTER UPON COURSE COMPLETION.

This form may be submitted by the following methods:
1. Print this form on your own printer, fill in by hand and return to DEMST
2. Fill in all areas online and click the print box on your right. Fax or mail to DEMST.
3. Save this form on your computer and email the file to dems@nd.gov
4. This form may be saved on your computer for future submission.