ADVANCED LIFE SUPPORT - REFRESHER COURSE AUTHORIZATION REQUEST

ND 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 53641 (12-2009)

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

Level of Training			
Physical Location of Course			
Address	City	State	Zip Code
Start Date	End Date	# of Days	
Start Time	End Time	Total Hours	
Course Coordinator		State EMS #	
Address	City	State	Zip Code
E-Mail		Telephone Number	
Primary Instructor		State EMS #	
Physician Medical Director			
☐ Open Course ☐ Closed Course	If open, list Contact Person	Telephone Number	

As course coordinator I will secure course materials and visual aids, secure use of classroom facilities, prepare and implement class schedule and perform other appropriate class functions. I will adhere to the appropriate standard 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 INCLUDE ON ALL COURSE CORRESPONDENCE

This form may be submitted in the following methods
1. Print this form out from the DEMST web page, fill in by hand and return to DEMST by mail or fax.
2. Fill in all areas online and click on the "Print" box. Fax or mail to DEMST.
3. Fill out all required areas on form, save as a PDF file and e-mail to dems@nd.gov.
4. This form may be saved on your computer for future submission.

Print Form