

**EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC
TRAINING PROGRAM APPLICATION**



North Dakota Department of Health

**Division of Emergency Medical Services
600 East Boulevard Avenue Dept 301
Bismarck ND 58505-0200
(701) 328-2388**

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
600 EAST BOULEVARD AVENUE DEPT 301 BISMARCK ND 58505-0200
(701) 328-2388

**EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC
TRAINING PROGRAM APPLICATION**

PLEASE PRINT OR TYPE

Person Completing Application _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Agency Hosting Program _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Location of Classes _____

Address _____

City _____ State _____ Zip Code _____

Course Starting Date _____ Proposed Ending Date _____

Number of Didactic Hours _____ Number of Patient Contacts _____

Maximum Number of Students Accepted _____ Tuition Fee _____

Primary Text _____

Publisher _____

Additional Text _____

Publisher _____

SFN 17392(11/90,R04/96,R04/01)

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**EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC
COURSE COORDINATOR AGREEMENT**

PLEASE PRINT OR TYPE

I _____
(Name of NREMT-P, RN, or Physician)

of _____
(Street/Box #, City, State, Zip Code)

agree to act as the course coordinator for the _____ EMT-Paramedic
Training Program.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

- I recognize that my responsibilities are, but not limited to the following:
 - To work under the supervision of the Medical Training Director.
 - Complete and submit the course application forms prior to the start of the course.
 - Arrange for training facilities and materials.
 - Arrange for hospital and field clinical experience with appropriate supervision.
 - Be responsible for the selection and orientation of clinical preceptors.
 - Establish course schedules.
 - Maintain attendance, evaluation and examination records for each student.
 - Schedule instructors and provide them with the material necessary to complete the instruction.
 - Perform other tasks as assigned by the Medical Training Director.

Date

Signature of Course Coordinator

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**EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC
MEDICAL TRAINING DIRECTOR AGREEMENT**

PLEASE PRINT OR TYPE

I _____
(Name of Physician)

of _____
(Street/Box #, City, State, Zip Code)

agree to act as the course coordinator for the _____ EMT-Paramedic
Training Program.

IN THIS CAPACITY, I REALIZE MY REPONSIBILITIES ARE AS FOLLOWS:

- Obtain approval from the hospital medical staff(s) (providing clinical training) to initiate a Paramedic course.
- Assure overall direction and coordination of the planning, organization, administration, periodic review, continued development and effectiveness of the program.
- Oversee that the course is conducted as outlined in the curriculum.
- Oversee the quality of instruction and clinical experience.
- Oversee course compliance with all applicable board regulations.
- Critique patient care during training and assure maintenance of written documentation of same.
- Participate in review of student applications and selection.
- Review results of interim examinations.

Date

Signature of Medical Training DirectorSFN 17392(11/90,R04/96,R04/01)

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**EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC
HOSPITAL ADMINISTRATION SUPPORT OF EMT-PARAMEDIC TRAINING PROGRAM**

PLEASE PRINT OR TYPE

As administrator of _____
(Name of Hospital)

I support the initiation of a EMT-Paramedic Training Program and agree that the students enrolled in this program may do their clinical training skills in this hospital.

Printed Name of Hospital Administrator

Signature of Hospital Administrator

Name of Hospital

Phone Number of Hospital Administrator

Address of Hospital

Date

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**EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC
ALS AMBULANCE SERVICE SUPPORT OF EMT-PARAMEDIC TRAINING PROGRAM**

As director of _____
(Name of Ambulance Service)

I agree to provide a setting for conducting the ALS Ambulance Clinical for the EMT-Paramedic Training program to be held at _____
(Name of City)

I understand the ALS ambulance experience will involve the EMT-Paramedic students observing and participating under supervision in all aspects of patient care as carried out by this service. The ambulance Clinical experience will be under the supervision of the EMT-Paramedic Medical Training Director listed here _____
(Name of Medical Training Director)

Printed Name of Ambulance Service Director

Signature of Ambulance Service Director

Date