



Emergency Medical Services (EMS) Systems Training Program Application

Applicant Agency

Name _____

Address _____

City _____ State _____ ZIP Code _____

Contact _____ Daytime Phone _____

E-mail Address _____

Training Site _____ EMS System Number _____

It is requested that this organization be authorized to conduct the following:

Course Type

- First Responder Defibrillator / Emergency Medical Responder
- Emergency Medical Technician
- Emergency Medical Dispatch
- Emergency Medical Technician - Intermediate
- Paramedic
- Lead Instructor
- Pre-hospital RN
- Advanced Emergency Medical Technician
- Emergency Communications RN
- Other

Continuing Education

- Continuing Education
- Symposium / Conference

Mark Appropriate Level

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> FRD / EMR | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> EMD | <input type="checkbox"/> PHRN |
| <input type="checkbox"/> EMT | <input type="checkbox"/> ECRN |
| <input type="checkbox"/> EMT-I / AEMT | <input type="checkbox"/> LI |

Number of Hours _____

1. Program Instructor(s)

a. Lead Instructor Name _____

ID Number _____ Expiration Date _____

License Level _____

b. Associate Instructor Name _____

ID Number _____ Expiration Date _____

License Level _____

2. Course Availability

a. Estimated Number of Students _____

b. Geographic Area to be Served _____

c. Proposed Starting / Ending Dates _____



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3. Classroom Facilities / Location(s)

Please indicate size and number of rooms expected to be used for didactic sessions.

4. Instructors

List the names of guest speakers and the specific topic that the individuals will be presenting (attach resumes).

5. Curriculum

a. Attach a proposed course schedule that corresponds to the correct curricula and include instructor(s), dates, times and topics.

b. Textbook Name / Author / Edition _____

6. I am familiar with and assure that this course will be taught in accordance with the lesson plans of the:

Current National EMS Education Standards (through 12/2012) National EMS Education Standards

Lead Instructor / Course Coordinator Signature

Date

7. I have reviewed this application and assure it will be taught in accordance with the appropriate curriculum, as indicated above.

EMS Medical Director

Date

EMS System Coordinator

Date

Regional EMS Coordinator Signature

Date

Course Site Code

Credit Hours

Course Site Code

Credit Hours

Course Site Code

Credit Hours

**Peoria Area EMS
Agency Training Application**

Date: _____ **Time:** _____ **Number of CE Hours Requested:** _____
Topic: _____
Instructor(s): _____
Training Location: _____

Objectives: (Minimum 4 objectives per topic)

BLS Objectives:

At the completion of the training, the provider will be able to:

- 1.
- 2.
- 3.
4. Discuss the relationship of the established PAEMS protocols.

ALS Objectives: (if applicable)

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