



# Application to Conduct Emergency Medical Services Initial Education



## T-1

Level of EMS Certification Training:			
Is this a repeat of a previously approved course?      YES      NO      If yes, enter approval number:			
DATE	EMS REGION	COURSE HOST/SPONSOR	TOWN/CITY
COURSE COORDINATOR		COURSE COORDINATOR EMAIL	COURSE COORDINATOR PHONE
EMT/AEMT/Paramedic #	EMT/AEMT/Paramedic Exp. Date	EMSI #	EMSI Exp. Date
MEDICAL DIRECTOR		MEDICAL DIRECTOR EMAIL	MEDICAL DIRECTOR PHONE
COURSE ADDRESS/LOCATION		SPECIFIC BUILDING/ROOM/DEPARTMENT	
OPEN TO PUBLIC:	LIST ON OEMS SITE YES      NO	COURSE START DATE	COURSE END DATE
Does this training program include all required topics as contained in the latest version of The NHTSA National EMS Education Standards?      Yes      NO			
Does this training program follow the general outline of the latest version of the NHTSA Instructional Guidelines for the identified level of care?      Yes      NO			

### AFFIRMATIONS

The applicant hereby affirms that the course listed herein complies with and will continue to comply with all relevant federal and state laws including but not limited to current US Department of Transportation EMS Educational Standards, the State of Connecticut General Statutes, Regulations of State Agencies and the Office of Emergency Medical Services Education Manual. Upon course completion, I will attest that each graduating student has demonstrated the required level of competency as required in current standards.

COURSE COORDINATOR SIGNATURE	DATE SIGNED
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The medical director hereby affirms that the course listed herein complies with and will continue to comply with all relevant federal and state laws including but not limited to current US Department of Transportation EMS Educational Standards, the State of Connecticut General Statutes, Regulations of State Agencies and the Office of Emergency Medical Services Education Manual. I will provide, or assign my designee to provide, medical direction, clinical resources and support to the listed programs. Upon course completion, I will attest, through the listed course coordinator that each graduating student has demonstrated the required level of competency as required in current standards.

MEDICAL DIRECTOR SIGNATURE	DATE SIGNED
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### Application Checklist (each item must be included in submission)

- ☐ Course schedule including the:
  - ☐ Date, time and location of each class session
  - ☐ Topic or subject of each class session
  - ☐ Tentative faculty assignment (and EMS-I of record if the faculty is not so certified)
  - ☐ Description of distributive education methods
- ☐ Student manual, course syllabus or policies to include, but not limited to:
  - ☐ Program policies, procedures and rules
  - ☐ List of reference textbooks, online components and resources
  - ☐ Grading policies
  - ☐ ADA Accommodation statement
- ☐ Sample of course completion certificate or diploma to be issued upon completion
- ☐ Any clinical or field internship contracts or agreements
- ☐ Any applicable liability or professional insurance documents

THIS SECTION RESERVED FOR OEMS USE			
RECEIVED	ENTERED	APPROVED	APPROVAL #
COURSE COMPLETION RECEIVED			