



## Application to Conduct Initial EMS Certification Training Program

### T-1 Instructions

The T-1 application is to be used by training providers to apply for Office of Emergency Medical Services (OEMS) EMS Initial Emergency Medical Services (EMR, EMT or AEMT) training program approval, in accordance with the General Statutes of Connecticut [Sec. 20-206jj](#) as amended and the Regulations of Connecticut State Agencies [Sec. 19a-179-17](#). Along with the application, a program (course) outline with objectives and instructor qualifications must be attached for each program for which the applicant is seeking approval. The complete application is to be submitted *at least 30 days prior* to program start date. No program may be advertised or delivered prior to receiving approval. This application is to be sent to the Department of Public Health, Office of Emergency Medical Services by postal mail, electronic mail or fax. (Email is preferred)

#### Reminders to all EMS Instructors:

1. All EMR, EMT, AEMT and Paramedic students must complete the FEMA NIMS 100 and 700 training as a pre-requisite or co-requisite of training or demonstrate evidence that they have already completed this training. Online resources such as the FEMA Emergency Management Institute may be utilized to meet this requirement.
2. All initial EMS programs are to include classroom based final practical examination to be completed PRIOR to taking NREMT exams. These examinations are separate from any NREMT examinations.
3. A course completion form ([T-4](#)) must be completed and submitted within fourteen (14) calendar days of the proposed end date of the course. An updated T-4 form may be submitted as needed thereafter to update the status of students.
4. Students seeking NREMT certification and Connecticut certification or licensure must complete online applications for NREMT ([www.NREMT.org](http://www.NREMT.org)) and Department of Public Health ([www.eLicense.ct.gov](http://www.eLicense.ct.gov)).
5. Each course coordinator is responsible to report significant changes to the proposed syllabus, schedule or location of the course. This notification should be made by email to [dph.emsi@ct.gov](mailto:dph.emsi@ct.gov)
6. If at any time a different person assumes the role of the Course Coordinator, Course Sponsor or Medical Director, both the initial and new Course Coordinator, Course Sponsor or Medical Director must submit written transfer of responsibility to OEMS.
7. Course Coordinators who plan multiple cohorts of the same syllabus or curriculum may obtain the first approval from the OEMS and submit follow-up applications based on an approved program, noting any changes (such as schedule). For example, an instructor may submit a Monday-Wednesday-Friday evening course, and after approval, submit a Tuesday-Thursday-Saturday course. Only the dates need be updated, the curriculum, medical director information and clinical information may be incorporated by reference.
8. This instruction page does NOT need to be submitted with an application.

#### References:

- [Connecticut EMS Education Manual](#)
- [National EMS Education Standards](#)
- [Emergency Medical Responder Instructional Guidelines](#)
- [Emergency Medical Technician Instructional Guidelines](#)
- [Advanced Emergency Medical Technician Instructional Guidelines](#)
- [Paramedic Instructional Guidelines](#)
- [National EMS Core Content](#)
- [National EMS Scope of Practice Model - November 2017 Update](#)

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# Application to Conduct Emergency Medical Services Initial Certification Training



## T-1 Instructions

### Application Field Instructions:

**Level of EMS Certification Training:** Select the proper level of training. Paramedic programs should use the specific T-1 Paramedic form.

**Is this a repeat...?** If this is a repeat of a previously approved course, check Yes and enter the approval number.

**Date:** Date of completion of this application.

**EMS Region:** Region in which training will be delivered. If multiple, enter home region of instructor or agency.

**Course Host/Sponsor:** Agency, department, company or entity offering this program.

**Town/City:** Town or city in which training will be delivered.

**Course Coordinator:** EMS Instructor holding regulatory authority and responsibility for the program. Enter coordinator contact information including current EMS provider certification or license number and expiration date and EMS-I certification and expiration date.

**Medical Director:** Physician, affiliated with a Connecticut sponsor hospital emergency department, approved by said hospital to provide medical oversight for EMS training programs, who has reviewed course content and affirms the statements listed below. Enter medical director contact information.

**Course Address / Location:** Enter the address or location where the majority of training will be delivered.

**Specific Building / Room:** Enter the room, floor, or department where the majority of training will be delivered.

**Open to Public:** Identify if this course is open for public registration or closed to a specific group.

**List on OEMS Site:** Identify if you wish to have this course listed on the OEMS website. Note: checking this box does not guarantee immediate or constant listing for advertising purposes. Course coordinators and sponsors hold full responsibility for advertising, marketing and registration. Listing on the OEMS website is a courtesy to those seeking EMS education.

**Course start date:** First date of training as identified on course syllabus or schedule. This may include pre-class assignments.

**Course end date:** Last date of training as identified on course syllabus or schedule. Some participants may require additional time to complete course objectives, subject to course coordinator policies.

**Compliance Questions:** By checking yes to the two compliance questions, the Course Coordinator and Medical Director affirm that the course of training complies with the current NHTSA guidelines. This includes training outlines, objectives, course timeframes, assessments and testing.

**Affirmations:** Ink or digital signatures are acceptable. If the course coordinator holds a "blanket approval letter" from a medical director, select that dropdown and include the letter with the submission. By including such a letter of approval, the coordinator affirms that the approval is valid.

**Checklist:** Review the checklist and send this application with attachments to [dph.emsi@ct.gov](mailto:dph.emsi@ct.gov). The blue buttons will prompt you to save the form, to print a copy of the form or to submit the form (with attachments) by email. The buttons will not appear on a printed copy of the form.