



**Connecticut Department of Public Health
Office of Emergency Medical Services**



Application to Conduct Initial EMS Certification Training Program

EMS Instructor Information			
Name:			
Email Address			
Website:		Phone:	
EMS Certification #		Expiration:	
EMSI Certification #		Expiration:	
EMS Education Program Information			
Start Date:		End Date:	
Class Days/Times			
Location:			
Town/City:			
Physician Medical Director Information			
Physician			
Physician Email			
Sponsor Hospital			
EMS Education Program			
<input type="checkbox"/> EMR Initial	Minimum of 60 hours. Complies with current NHTSA DOT EMS Education Standards.		
<input type="checkbox"/> EMT Initial	Minimum of 150 hours. Complies with current NHTSA DOT EMS Education Standards. Requires minimum of 10 patient assessments and orientation to operations of an ED.		
<input type="checkbox"/> EMR to EMT Bridge	Minimum of 90 hours. Complies with current NHTSA DOT EMS Education Standards. Requires minimum of 10 patient assessments and orientation to operations of an ED.		
<input type="checkbox"/> AEMT Initial	Minimum of 150 hours. Complies with current NHTSA DOT EMS Education Standards. Requires clinical internship in ED, OR and various other hospital departments.		
Instructor Certification			
Certification	I certify that the EMS education program listed herein complies with and will continue to comply with the current US Department of Transportation EMS Educational Standards and the Office of Emergency Medical Services Education Manual. I am aware of the requirements of Regulations pertaining to EMS education in RSA 19a-179-17 .		
Signature		Date:	

Submit this form via email to dph.emsi@ct.gov

Attach the following:

- Course outline or syllabus with date, time, location, topic and faculty
- Student handbook or policies
- Sample of course completion certificate
- Clinical or field internship contracts or agreements
- Medical director sponsorship (T-3 form or letter)