



# Application to conduct an EMSI Training Program

e. [dph.emsi@ct.gov](mailto:dph.emsi@ct.gov) | p. 860-509-7975 | f. 860-920-3142 | [www.ct.gov/dph/ems](http://www.ct.gov/dph/ems)



## INSTRUCTIONS:

1. Complete this application. (fields outlined in red are required.)
2. Print a copy for your records by clicking the "**print form**" button at the bottom of this form.
3. Submit to OEMS by clicking the "**submit form**" button at the bottom of this form, which will open a new email window.

NOTE: Please **do not** edit what is auto-generated in the subject line of the submission email.

## Program Information

### Program Director

First Name	MI	Last Name			
Mailing address				City	State Zip Code
Email address	Primary phone number		Secondary phone number		

### Program Location

Course Name	Course Location include building/room # if applicable)				
Mailing address				City	State Zip Code
Sponsoring Agency (if different from Course Location)					
Start date of course	End date of course	Is this course open to the public?		Yes	No
Meetings days & times:					
A cb.	H Yg	Wed.	Thurs.	Fri.	Sat. Sun.

*Note: OEMS may perform random audits of the program's lesson plans, attendance rosters, or any other course-related documentation, for purposes of compliance, quality assurance and/or investigation.*



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
Office of Emergency Medical Services



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## **Student Teaching Site Information**

List all teaching sites at which students will be involved in performing skills: (attach copies of current, dated, signed agreements with each of the below listed sites).

<b>Teaching Site</b>	<b>Contact Person</b>	<b>E-Mail address</b>	<b>Phone Number</b>
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## EMSI Program Instructor Roster

All primary instructors must have attended and completed the DPH OEMS EMS Instructor-trainer program. Attach individual's certificate of completion.

**Lead Instructor:**

First Name	MI	Last Name			
Mailing address			City	State	Zip Code
Email address			Primary phone number		Secondary phone number

**Assistant Instructors:**

First Name	MI	Last Name			
Mailing address			City	State	Zip Code
Email address			Primary phone number		Secondary phone number

First Name	MI	Last Name			
Mailing address			City	State	Zip Code
Email address			Primary phone number		Secondary phone number

First Name	MI	Last Name			
Mailing address			City	State	Zip Code
Email address			Primary phone number		Secondary phone number

First Name	MI	Last Name			
Mailing address			City	State	Zip Code
Email address			Primary phone number		Secondary phone number

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## Required Attachments Checklist

This application will not be considered for approval unless all of the required attachments are included. Incomplete applications will be returned to the applicant.

Curriculum Vitae of Program Director

Curriculum Vitae of Lead Instructor

Signed agreements with all teaching sites

Course syllabus to include:

- date/time/location of each class
- topic/subject for each class
- tentative faculty assignment for each class
- program procedures & policies

Class calendar to include instructor name responsible for the teaching of each class/lab session



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## Program Director Statement

I certify that I, the Course Program Director, have completed and submitted all pages of this application to Conduct EMS Instructor Training, and that this application, and all attachments, represents a true and accurate record of the training program to be conducted. I certify and attest that this course meets, both in form and subject matter, content as prescribed by OEMS, information outlined in the most recent edition of the U.S. Department of Transportation, National Highway Traffic Safety Administration's National Guidelines for Educating EMS Instructors and the 2009 National EMS Education Standards where applicable. I further attest that the conduct of the course described herein will adhere in form and content to all applicable Connecticut Department of Public Health Regulations and Connecticut General Statutes. As the Program Director, I will routinely review each student's performance to assure adequate progress toward completion of the program, and will attest that each graduating student has achieved the required level of competence as delineated in the EMSI National Guidelines and the requirements set forth for the student teaching experience prior to course completion.

Program Director Name (printed)

Program Director (signature)

Date