OSDH/EMS Division Use Only
Date Received: _____   Outline/Instructor reviewed: _____   By: _____

CAN: _____

Results:

Oklahoma State Department of Health
EMS TRAINING
COURSE AUTHORIZATION NUMBER
Application   rev. 1-5-17
(OAC 310: 641-7-15 and OAC 310: 641-7-30)

As specified in OAC 310: 641-7-15, "The application shall be submitted at least <u>thirty (30)</u> days prior to the course date…" for ALL course requests.
Course numbers MUST be obtained PRIOR to course start date. (DO NOT begin ANY class without a course number or correspondence from OSDH.)
Failure to comply with this rule may cause the course to be DISAPPROVED.

Name of Agency   Site Code
Or Training Program:_____ or License #_____

❏**FULL COURSE: (select one)** ❏**EMR** ❏**EMT** ❏**AEMT** ❏**Paramedic** ❏**Instructor**

❏**REFRESHER**: (select one) ❏**EMR** ❏**EMT** ❏**I-85** ❏**AEMT** ❏**Paramedic** ❏**Instructor**
NOTICE: As of April 1, 2016, the National Registry NCCP Program will replace the traditional refresher course. Some Oklahoma EMS personnel require the traditional refresher. Check a box below if you have students who qualify:

❏ Oklahoma registered EMR's

❏ "Option 2" or "Grandfathered" EMS personnel who have been licensed in Oklahoma since before April 1, 2010 and have maintained that license since.

❏ Oklahoma I-85 intermediates whose National Registry level has been dropped to the EMT level.

❏ Student(s) have been directed by National Registry to complete a refresher in order to reinstate their NR Certification

Course Location:

Start Date: End Date: Class Days: ❏M ❏T ❏W ❏R ❏F ❏Sa ❏Su

Meeting Times: Number of Hours for course:

Emergency Medical Responder and Basic EMT – These courses require two practical examinations. One for the class final (to be conducted during class) and a National Registry Practical for students who successfully complete all portions of the course.

Emergency Medical Responder and EMT Basic National Registry Practical Examination:

Date:		Time:		Location:	

Distance Learning: If you are applying for a Distance Learning class involving **multiple** training sites, please complete a <u>Distance Learning Site Data Sheet</u> for each site through which training will be coordinated. This form can be found on our web page under Education or Forms.

IF NOT A TRAINING CENTER, PLEASE ATTACH THE FOLLOWING TO YOUR COURSE APPROVAL APPLICATION:
Copies of course syllabus/outline, <u>including:</u> Class day/date, time, topic and coverage time of each topic   Instructor and location if different than those listed above. Refreshers require a CAN application for each level of training.

Instructor/Coordinator Information: <u>Ambulance Services & EMRA's must have this form signed by the Service Director.</u>

<u>School Administrator</u> (Training Program) or <u>EMS/EMRA Director/Chief</u>(Ambulance Service or Fire Department)

Name_____ **Signature**:_____

Phone:_____**Email**:_____

<u>Course Coordinator</u>

Name_____ **Signature**:_____

Phone:_____**Email**:_____

Lead Instructor Name: _____Inst. #_____ Email: _____

Co-Instructor Name: _____Inst. #_____ Email: _____

Co-Instructor Name: _____Inst. #_____ Email: _____

EMAIL THIS FORM AND DOCUMENTATION TO: Esystems@health.ok.gov **OR FAX TO: 405-271-4240**