

Government of the District of Columbia – Department of Health EMS Course Approval Application



General Instructions

- All applications must be submitted by the sponsoring EMS Educational Institution's Program Coordinator and Medical Director, not individual instructors.
- To ensure timely processing of the application, please make sure that all of the required documents are attached when they are sent the State EMS Officer.
- The EMS Educational Institution's Program Coordinator and Medical Director must sign the application.

Course Information

- Include all of the instructor's names who are expected to be involved with the course.
 - o If more than 14 instructors are used in a course, add a separate sheet that lists all of the anticipated instructors.
- Include the address where the course will be held.
- Include the anticipated start and ending dates, as well as total hours.
- Be sure to indicate if a practical exam will need to be offered.
- Indicate if this course is open to the public.
- Indicate if this course is part of a pilot program.

Curricula Used

- Only approved curricula can be used. Be sure to include the DOH curriculum tracking number on the application so as not to delay the processing of the application.
- If you are using more than twenty-four curricula for a course, add a separate sheet that list all of the curricula used and their DOH tracking numbers.

Approval

- This form should be submitted to the State EMS Officer at least 30 days prior to the proposed start date to allow processing to be completed before the course start date.
- A course may not be started or have tuition and fees collected until it is approved by the Department of Health and assigned a course number.
- A course authorization number will be included in the course authorization letter upon course approval. Please keep this number for your records and use on all course correspondence.



Government of the District of Columbia – Department of Health **EMS Course Approval Application**



Educational Institution Informati	on			
Sponsoring Educational Institution:	Number:			
Program Coordinator:		Number:		
Phone: ()	Fax: () _		Cell Phone	:()
E-Mail:				
Course Location Address:				
City, State, ZIP Code:				
Course Information				
Course Title:				
Level of Training: ☐ EMR ☐ EMT				
Type of Course: ☐ Certification	☐ Refresher	\square CME	☐ Transition	☐ Pilot Program
Course Start Date:	Course Er	nd Date:	Ног	ırs:
Days Held: ☐ Sun ☐ Mon	□ Tues □	Weds □ Thurs	□ Fri □ S	Sat
☐ Practical Exam to be Conducted	Practical I	Exam Date:		
□ Open to Public	Projected	Number of Studen	ts:	
Curricula Used				
Curriculum Name	Number	Curriculum	n Name	Number

Number		Curriculum Name	Number
	<u> </u>		
	Number	Number	Number Curriculum Name

If additional space is needed, continue on a separate sheet

Instructional Staff (Include all assigned staff participating in this course.)

Instructor Name	Instructor #	Phone/Email
nowledge and belief. I understand and acl	knowledge that th lties, and may also	eplication is true and complete to the best of my e making of a false statement in connection with the subject me to civil penalties and to the denial,
Signature of the Program Coordina	ator	
Signature of the Medical Directo	<i>v</i>	