

District of Columbia Department of Health
Health Emergency Preparedness and Response Administration Division of
Emergency Medical Services

EMS Educational Institute Course Approval Application



Educational Institution Information

Sponsoring Educational Institution: _____

Program Coordinator: _____

Course Location: At Institution: _____ Off-Site: _____ (Site must be evaluated by DC Health before approval)

Phone Number: (_____) _____

Email: _____

Course Information

Course Level (Click One): EMR: _____ EMT: _____ AEMT: _____ Paramedic: _____

Course Type (Click One): Certification: _____ Refresher: _____ CME: _____

Course Start Date: _____ Course End Date: _____ Hours: _____

NOTE A course schedule must be included in each course application

Of the total number of hours listed, please provide an hour breakdown of the delivery methods.

In Class Hours: _____ Live Online Learning: _____
Corequisite Hours: _____ Asynchronous Hours: _____

Curriculum/Lesson Plan Title	Curriculum/Lesson Plan Number

If additional space is needed, continue on a separate sheet.

Certification I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties and may also subject me to civil penalties and to the denial, termination or revocation of the authorization to use the curriculum.

Signature of the Program Director

Date