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: _______

<table>
<thead>
<tr>
<th>Curriculum/Lesson Plan Title</th>
<th>Curriculum/Lesson Plan Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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