

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

EMS Educational Institute Curriculum Submission Form



Sponsoring Educational Institution: _____

Lead Author: _____

Program Coordinator: _____

Phone Number: (_____) _____

Email: _____

Curriculum Title: _____ Total Hours: _____

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

In Class Hours: _____ Live Online Learning: _____
Co-requisite Hours: _____ Asynchronous Hours: _____

Identify which of the following topic area(s) are covered by the curriculum, and how many hours for each topic.

Basic Life Support	Hours
Preparatory	
Airway/Breathing	
Patient Assessment	
Medical/Behavioral	
Trauma	
Pediatrics	
Obstetrics	

Advanced Life Support	Hours
Preparatory	
Airway/Breathing	
Patient Assessment	
Medical/Behavioral	
Trauma	
Pediatrics	
Obstetrics	

Please attach a copy of the lesson plan with a sample course schedule.

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

Signature of the Medical Director

Date