



**Division of Emergency Medical Services**  
**APPLICATION TO CONDUCT AN EMT EDUCATION PROGRAM/COURSE**

<p><b>Course Type</b>          Check only one. Each course requires a separate application.</p>	<p>~ EMT-Basic Initial Training Program      ~ Orotracheal/Endotracheal Intubation Course          ~ EMT-Cardiac Initial Training Program      ~ Refresher Training Program          ~ EMT-Paramedic Initial Training Program      <input type="checkbox"/> Basic   <input type="checkbox"/> Cardiac   <input type="checkbox"/> Paramedic</p>
<p><b>Instructor-Coordinator</b>          Please provide the name, RI license number and mailing information of the licensed EMT-Instructor/Coordinator responsible for this program.</p>	<p>Name _____ RI License Number _____          Address _____          City, State, Zip Code _____          Phone _____ Fax _____</p>
<p><b>Sponsoring Agency</b>          (If applicable)          Please provide the name of the sponsoring agency.</p>	<p>Name _____          Address _____          City, State, Zip Code _____          Phone _____ Fax _____</p>
<p><b>Course/Training Facility Location Information</b>          Please provide the location information for this facility.</p>	<p>Name _____          Address _____          City, State, Zip Code _____</p>
<p><b>Course Physician Medical Director</b></p>	<p>Name _____ RI License Number _____          Phone _____</p>
<p><b>Course Dates</b></p>	<p>Start Date _____ End Date _____</p>
<p><b>Student Enrollment</b></p>	<p>Approximate number of students to be enrolled in this program _____</p>
<p><b>Textbook(s)</b></p>	<p>Please list the textbook(s) to be used for this program _____          _____          _____</p>
<p><b>Online Content</b></p>	<p>Will the didactic portion of this program be delivered electronically (REFRESHER PROGRAMS ONLY)          ~ Yes ~ No Proposed Vendor _____</p>
<p><b>Public Course</b></p>	<p>Is this course open to the public? ~ Yes ~ No      Contact phone number for the public _____</p>
<p><b>Affadavit of Application</b></p>	<p>I hereby attest that this course will be conducted in accordance with all standards established by the RI Department of Health, as promulgated in the <i>Curricula &amp; Standards for Rhode Island EMT Training Programs</i>.</p> <p>Instructor/Coordinator Signature _____ Date _____</p>

<p><b>DOH USE ONLY</b></p>	<p>~ Complete Date _____ Initials _____ Course Approval # _____</p>
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