



# Arkansas Department of Health

5800 West 10<sup>th</sup> Street Suite 800 • Little Rock, Arkansas 72204-1763 • Telephone (501) 661-2262

**Governor Mike Beebe**

**Paul K. Halverson, DrPH, FACHE, Director and State Health Officer**

## **APPLICATION TO CONDUCT AN ADVANCED EMT COURSE (INTERMEDIATE OR PARAMEDIC)**

**NOTE: THIS FORM MUST BE RECEIVED 10 DAYS PRIOR TO THE START DATE**

1. Sponsoring Training Site: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2. Type of Course: Intermediate (I/85) \_\_\_\_\_ Paramedic (P/98) \_\_\_\_\_

3. Lead EMT-Instructor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

4. Co- EMT Instructor(s)\*: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

5. Name of Medical Director for this course: \_\_\_\_\_

6. Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

7. Days of the week classes will be held: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

8. Hours classes will be held: From: \_\_\_\_\_ To: \_\_\_\_\_

9. Physical Location of classroom: \_\_\_\_\_

10. Classroom Hours: \_\_\_\_\_ Clinical Hours: \_\_\_\_\_ Field Hours: \_\_\_\_\_

11. Equipment will be provided by : \_\_\_\_\_

12. Number of Students: \_\_\_\_\_ (not to exceed 20 without Office approval)

13. Attach a copy of course schedule (Dates/Times/Topics/Instructor) to this application

14. IS THIS COURSE OPEN OR CLOSED? \_\_\_\_\_ CONTACT NUMBER TO ENROLL: \_\_\_\_\_

\_\_\_\_\_  
Lead EMT-Instructor Signature & Date

\_\_\_\_\_  
Training Site Representative Signature & Title

\_\_\_\_\_  
Co-EMT Instructor Signature & Date

\_\_\_\_\_  
Date

**\*TWO (2) ADDITIONAL CO-EMT INSTRUCTORS MAY BE LISTED ON THE BACK OF THIS FORM**