



Arkansas Department of Health

5800 West 10th 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 EMT-BASIC REFRESHER

Sponsoring Training Site _____

Physical Location of classes: _____

Starting Date: _____ Completion Date: _____

Class Times: From: _____ To: _____ Other Times: _____

Days of Week: _____ Total Hours (Minimum 24): _____

Number of Students (*maximum 20 per class, 6 per instructor during psychomotor skill practice*): _____

IS THIS COURSE OPEN OR CLOSED? _____ CONTACT NUMBER FOR ENROLLMENT _____

Lead EMT-Instructor: _____ Co-EMT Instructor(s) _____

Medical Director for Course: _____

(Lead EMT-Instructor Signature) (Co-EMT Instructor Signature) (Training Site Rep. Signature)

Address Address Address

Email Address Email Address

NOTE: This application must be received by the Section of EMS and Trauma Systems at least 10 working days prior to the start date of course.

Submission of appropriate recertification paperwork is the responsibility of the individual. The course Instructor must provide each student with documentation of successful completion of the course (certificate or course completion roster). The Instructor must submit a roster of those completing the course to the Section of EMS and Trauma Systems within 10 working days of course completion.

For Section of EMS and Trauma Systems use only

Course Approved By: _____ **Date Approved:** _____ **Roster received:** _____