



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-PARAMEDIC REFRESHER

Sponsoring Training Site: _____

Physical Location of Class: _____

Starting Date: _____ Completion Date: _____

Classes to be held (Day(s) of Week): _____

Time classes will be held: From: _____ To: _____ Other: _____

Total Hours: _____ Number of people in course: _____ (may not exceed 20)

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 Representative 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.

The refresher course indicated above has been approved in accordance with the DOT-NSC guidelines for Refresher Courses.

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 & TRAUMA SYSTEMS USE ONLY:

Course Approved By: _____ Date Approved: _____ Roster Received: _____

Revised 7/2007