



Emergency Medical Services (EMS) Systems Education / Training Program Application

EMS System Name: _____ EMS System Number: _____

Training Provider / Agency: _____

Training Site Location / Address: _____

(Each training location needs their own site code.)

City: _____ State: _____ ZIP Code: _____

Contact: _____ Daytime Phone: _____

E-mail Address: _____

Licensing Course

- ☐ Emergency Medical Responder
- ☐ Emergency Medical Technician
- ☐ Emergency Medical Dispatch
- ☐ Paramedic
- ☐ Pre-hospital RN, APRN, PA
- ☐ Advanced Emergency Medical Technician
- ☐ Emergency Communications RN
- ☐ Other _____

Continuing Education

Mark Appropriate Level

- | | | |
|-------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> EMR | <input type="checkbox"/> EMT-I | <input type="checkbox"/> PHPA |
| <input type="checkbox"/> EMD | <input type="checkbox"/> Paramedic | <input type="checkbox"/> ECRN |
| <input type="checkbox"/> EMT | <input type="checkbox"/> PHRN | <input type="checkbox"/> LI |
| <input type="checkbox"/> AEMT | <input type="checkbox"/> PHAPRN | |

1. Program Instructor

Lead Instructor Name: _____

License Number: _____ Expiration Date: _____

License Level: _____

2. Course Details

a. Estimated Number of Students: _____

b. Start Date (MM/DD/YYYY): _____

c. End Date (MM/DD/YYYY): _____

3. Education Type

☐ In Person ☐ Online ☐ Hybrid

4. Instructors

List all instructors' license levels and license numbers (attach resumes).



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5. Curriculum

- a. Attach the course schedule and curricula.
- b. Classroom / Didactic Hours: _____ Clinical / Psychomotor Hours: _____
***Testing hours and lunch / break hours do not count towards didactic and psychomotor hours.**
- c. Textbook Name / Author / Edition / Publication Date or Resource:

6. By my signature, I attest that this course will be taught in accordance with the National EMS Education Standards, including modifications required by IDPH and the state of Illinois education criteria per Title 77, Part 515, Subpart D.

Lead Instructor

Date

7. I have reviewed this application and assure it will be taught in accordance with the appropriate curriculum as indicated above.

EMS Medical Director

Date

EMS System Coordinator

Date

8. Application Reviewed and Approved

- ☐ A copy of the approved application has been sent to the REMSC where the training location will be held (as applicable).

Regional EMS Coordinator Signature

Date

Site Code: _____

Credit Hours: _____

Site Code: _____

Credit Hours: _____

Site Code: _____

Credit Hours: _____