



# 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: \_\_\_\_\_