State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems Training Program Application

Applicant Agency

Name _____

Address _____

City _____ State _____ ZIP Code _____

Contact _____ Daytime Phone _____

E-mail Address _____

Training Site _____ EMS System Number _____

It is requested that this organization be authorized to conduct the following:

Course Type

- ❑ First Responder Defibrillator / Emergency Medical Responder
- ❑ Emergency Medical Technician
- ❑ Emergency Medical Dispatch
- ❑ Emergency Medical Technician - Intermediate
- ❑ Paramedic
- ❑ Lead Instructor
- ❑ Pre-hospital RN
- ❑ Advanced Emergency Medical Technician
- ❑ Emergency Communications RN
- ❑ Other

Continuing Education

- ❑ Continuing Education
- ❑ Symposium / Conference

Mark Appropriate Level

- ❑ FRD / EMR
- ❑ EMD
- ❑ EMT
- ❑ EMT-I / AEMT
- ❑ Paramedic
- ❑ PHRN
- ❑ ECRN
- ❑ LI

Number of Hours _____

1. Program Instructor(s)

   a. Lead Instructor Name _____

   ID Number _____ Expiration Date _____

   License Level _____

   b. Associate Instructor Name _____

   ID Number _____ Expiration Date _____

   License Level _____

2. Course Availability

   a. Estimated Number of Students _____

   b. Geographic Area to be Served _____

   c. Proposed Starting / Ending Dates _____

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3. Classroom Facilities / Location(s)
   Please indicate size and number of rooms expected to be used for didactic sessions.

   _____

4. Instructors
   List the names of guest speakers and the specific topic that the individuals will be presenting (attach resumes).

   _____

   _____

5. Curriculum

   a. Attach a proposed course schedule that corresponds to the correct curricula and include instructor(s),dates, times and topics.

   b. Textbook Name / Author / Edition_____

      _____

6. I am familiar with and assure that this course will be taught in accordance with the lesson plans of the:

   ❑ Current National EMS Education Standards (through 12/2012) ❑ National EMS Education Standards

   _____ _____
   Lead Instructor / Course Coordinator Signature **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**

   _____ _____
   Regional EMS Coordinator Signature **Date**

   _____ _____
   Course Site Code Credit Hours

   _____ _____
   Course Site Code Credit Hours

   _____ _____
   Course Site Code Credit Hours