

### **Notification of Proposed EMS Training Course**

Training Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_

Course Name:					
Type of Course:	<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> MICN <input type="checkbox"/> EMD <input type="checkbox"/> Other			<input type="checkbox"/> Initial <input type="checkbox"/> Remedial <input type="checkbox"/> Refresher	
Course Start Date:		Course End Date:			
Course Meeting Days:	<input type="checkbox"/> Sunday	Begin-End Time:			
	<input type="checkbox"/> Monday	Begin-End Time:			
	<input type="checkbox"/> Tuesday	Begin-End Time:			
	<input type="checkbox"/> Wednesday	Begin-End Time:			
	<input type="checkbox"/> Thursday	Begin-End Time:			
	<input type="checkbox"/> Friday	Begin-End Time:			
	<input type="checkbox"/> Saturday	Begin-End Time:			
Explain alternative scheduling not listed above:					
Open to Public:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Tuition:		# of Students	
Clinical Site(s):					
Field Internship Site(s):					

On behalf of the above-named EMS training program, I hereby affirm and declare that all information submitted on this form and attached supplemental documents are true and correct. It is understood that any false information given, or misrepresentation made in this application or other requested documents may result in revocation or denial of program approval. I have read, understand, and agree to abide by applicable state regulations, and Imperial County EMS Agency policies.

Print Name of Program Director	Signature of Program Director	Date
Print Name of Principal Instructor	Signature of Principal Instructor	Date

Date Received: _____	By: _____	
Date Reviewed: _____	By: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Training Program Notified Date: _____		