

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
AND HIGHWAY SAFETY

TRAINING PROGRAM APPLICATION FORM

Applicant Agency

Name _____
Address _____
City _____ State IL ZIP _____
Attention _____ Daytime Phone _____
Training Site _____

It is requested that this organization be authorized to conduct

Course Type

- First Responder
- Emergency Medical Dispatch Course
- EMT- Basic Course
- EMT- Intermediate Course
- EMT- Paramedic Course
- Pre-Hospital RN
- ECRN
- EMT Lead Instructor Course

Continuing Education

- Continuing Education
- Symposium
- Number of Hours Requested _____
- Mark Appropriate Level
- EMT- B
- EMT- I
- EMT- P
- Pre-Hospital RN / ECRN
- Other _____

1. Program Instructor (s)

- a. Name _____
Instructor Course Date _____
Instructor Course Site _____
- b. Name _____
Instructor Course Date _____
Instructor Course Site _____

2. Course Availability

- a. Estimated number of students per course _____
- b. Geographic area to be served _____
- c. Proposed starting/ending dates _____ to _____
- d. Licensure examination site _____
- e. Licensure examination date _____

3. Classroom Facilities

Location. 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 topics that the individuals will be presenting. (attach resumes).

5. Curriculum

a. Attach a proposed course schedule that corresponds to the correct curricula and includes dates, times, locations and guest speakers.

b. Textbook name/author _____

6. I am familiar with the National Standard Curriculum lesson plans and assure that this course (training) will be taught in accordance with those plans.

Course Coordinator / Lead Instructor

Date

7. I have reviewed this application and assure it will be taught in accordance with the appropriate National Standard Curriculum.

EMS Medical Director

Date

8. _____
Regional EMS Coordinator

Date

9. _____
Site Code

Credits Awarded

Site Code

Credits Awarded

Site Code

Credits Awarded

Site Code

Credits Awarded

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 81-1518. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.