

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

TRAINING PROGRAM APPLICATION FORM

Applicant Agency

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

It is requested that this organization be authorized to conduct

Course Type

- First Responder Course
- Emergency Medical Dispatch Course
- EMT-Basic Course
- EMT Transition Course
- EMT-intermediate Course
- EMT-Paramedic Course
- Pre-hospital RN
- ECRN
- EMT Instructor

Continuing Education

- Continuing Education
- Symposium
- Number of Hours Requested Hr/Hr__
Mark Appropriate Level
- EMT-B
- EMT-I
- EMT-P
- Pre-hospital RN/ECRN
- EMT-Instructor
- Other FR-D

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 _____
- 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 individual will be presenting (attach resumes).**

Various, all resume's on file

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 training and assure that this course will be taught In accordance with those plans and objectives.**

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 and objectives.**

EMS Medical Director

Date

8. _____
Regional EMS Coordinator

Date

9. _____
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

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ON AS FEW PAGES AS POSSIBLE LIST YOUR SCHEDULE (CLASS DATES, TIMES, TOPICS, ONLY 3 OBJECTIVES PER TOPIC, HOURS, LOCATION, INSTRUCTORS, CLINICALS, ETC

SUBMIT TO SYSTEM OFFICE 90 DAYS PRIOR TO THE START OF THE 1ST CLASS LISTED