



# EMS Course Notification Form

<b>School Number:</b>
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**Note:** This form along with a detailed course schedule must be submitted to the local DSHS field office at least 30 days prior to the proposed start date. A course may not be started, \*advertised, or have tuition and fees collected until it is approved by DSHS and assigned a school number. § 157.32(r)(1)(2). \*College catalogs are an exception.

**Program Name:**

<input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> EMS Instructor <input type="checkbox"/> EMD Instructor	<input type="checkbox"/> Initial <input type="checkbox"/> Remedial <input type="checkbox"/> Re-certification
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Location of Classroom:

Course Starting Date: \_\_\_\_\_ Course Ending Date: \_\_\_\_\_

Course Meeting Days: \_\_\_\_\_ Course Meeting Times: \_\_\_\_\_

Course Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address:

Principle Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address:

Course Sponsor:

Course Open to Public?  YES  NO Tuition: \_\_\_\_\_

Course Contact Hours: \_\_\_\_\_ Anticipated Number of Students: \_\_\_\_\_

Clinical and Field Internship site(s): \_\_\_\_\_  
 \_\_\_\_\_

Fee attached:  Basic (\$30)  Advanced (\$60)  Instructor (\$30)  
 Emergency Medical Operator Instructor (\$60)  
 Other, Specify: \_\_\_\_\_

Course Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_ Program Director Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 (If different than the coordinator)

DSHS Use Only – Do Not Write In This Area

Zone: \_\_\_\_\_  Approved  Denied

Reason(s) for Denial:

DSHS Evaluator: \_\_\_\_\_

Receipt Number:	
Fee Remit/Deposit Date:	
Fee Postmark Date:	
Fee Received Date:	
Approval Date:	