



Request Date: _____

NOTICE OF INTENT TO CONDUCT EMS REFRESHER COURSE

Note: This form **MUST** be submitted to the Office of EMS & Trauma System at (ems@snhdmal.org) at least **THIRTY (30) DAYS** prior to course start date.

_____ intends to conduct a
_____ refresher course beginning on _____
and ending on _____.

The course Medical Director will be _____, M.D./D.O.

The course coordinator will be _____.

Date for SNHD to administer EMS Course/Instructor Evaluation Forms: _____.

1. The **first** time the course is offered, submit a copy of the course lesson plan which indicates:
 - A. Course title;
 - B. Date and time of the topic(s) to be discussed;
 - C. Detailed outline of each topic;
 - D. Time allotted for each topic;
 - E. Method of presentation; and
 - F. Instructor(s) name.

NOTE: Any modifications to previously approved classes need to go through a new approval process, which includes a re-submission of a. through f. above.

2. **Each** time the course is offered, submit a copy of the course syllabus which indicates:
 - A. Course title;
 - B. Date and time of the topic(s) to be discussed;
 - C. Time allotted for each topic; and
 - D. Instructor(s) name.

Check the box to indicate the level of EMS Education you are applying to conduct:

☐ EMT:

☐ AEMT:

☐ PARAMEDIC:

TOPIC	EMT	AEMT	PARAMEDIC
Operational	1	1	2
Trauma	4	5	6
Medical Emergencies/Behavioral	4	6	8
Airway/Breathing/Cardiology	2	12	12
OB/Peds	2	6	12
Elective	8	6	8
Pt Assessment	3		
TOTAL HOURS	24	36	48

- ❖ All transition courses must meet both the NHSTA Educational Standard and the OEMSTS required educational hours.
- ❖ ACLS and PALS are a requirement for recertification in addition to a Paramedic refresher course.