



Request Date: _____

NOTICE OF INTENT TO CONDUCT EMS TRAINING COURSE

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

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

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

The course coordinator will be _____.

Tentative Testing Date for Practical Exam: 1st choice _____ 2nd choice: _____

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

Application Fee will be paid by: Student (cash or money order accepted)
 Training Center (circle one): Invoice Co. Check

Proctor Fee (circle one): Invoice Co. Check

1. The **first** time the course is offered, submit a copy of the course lesson plan which indicates:
 - a. the topics to be discussed;
 - b. a brief outline of each topic;
 - c. the time allotted for each topic;
 - d. the module it fits into as listed in the applicable training procedure, i.e., First Responder, EMT-B, EMT-I, EMT-P or EMS Instructor, in the most recent **EMERGENCY MEDICAL SERVICES PROCEDURE MANUAL**;
 - e. the method of presentation; and
 - f. the instructors' names.

2. **Each** time the course is offered, submit a copy of the course schedule in its entirety which indicates:
 - a. the date and time;
 - b. topic to be discussed;
 - c. the number of hours allocated per topic;
 - d. the module that the topic fits into, as previously described; and
 - e. the instructors' names.