

**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 Code: _____
Attention: _____ Daytime Phone: _____
Training Site: _____

It is requested that this organization be authorized to conduct

- | | |
|--|--|
| <input type="checkbox"/> First Responder Course | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Emergency Medical Dispatch Course | <input type="checkbox"/> Symposium |
| <input type="checkbox"/> EMT-Basic Course | <input type="checkbox"/> Number of Hours Requested <u> </u> Hr/Hr |
| <input type="checkbox"/> EMT-Transition Course | Mark Appropriate Level |
| <input type="checkbox"/> EMT-Intermediate Course | <input type="checkbox"/> EMT-B |
| <input type="checkbox"/> EMT-Paramedic Course | <input type="checkbox"/> EMT-I |
| <input type="checkbox"/> Pre-hospital RN | <input type="checkbox"/> EMT-P |
| <input type="checkbox"/> ECRN | <input type="checkbox"/> Pre-hospital RN/ECRN |
| <input type="checkbox"/> EMT Instructor | <input type="checkbox"/> EMT-Instructor |
| | <input type="checkbox"/> 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 date: _____ 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 training and assure that this course 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

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