State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems
Education / Training Program Application

EMS System Name: _____   EMS System Number: _____

Training Provider / Agency: _____

Training Site Location / Address: _____

(Each training location needs their own site code.)

City: _____   State: _____   ZIP Code: _____

Contact: _____   Daytime Phone: _____

E-mail Address: _____

Licensing Course

- ☐ Emergency Medical Responder
- ☐ Emergency Medical Technician
- ☐ Emergency Medical Dispatch
- ☐ Paramedic
- ☐ Pre-hospital RN, APRN, PA
- ☐ Advanced Emergency Medical Technician
- ☐ Emergency Communications RN
- ☐ Other _____

Continuing Education
Mark Appropriate Level

- ☐ EMR
- ☐ EMD
- ☐ EMT
- ☐ AEMT

- ☐ EMT-I
- ☐ Paramedic
- ☐ PHRN
- ☐ PHAPRN

- ☐ PHPA
- ☐ ECRN
- ☐ LI

1. Program Instructor

    Lead Instructor Name: _____

    License Number: _____   Expiration Date: _____

    License Level: _____

2. Course Details

    a. Estimated Number of Students: _____

    b. Start Date (MM/DD/YYYY): _____

    c. End Date (MM/DD/YYYY): _____

3. Education Type

    ☐ In Person   ☐ Online   ☐ Hybrid

4. Instructors

    List all instructors' license levels and license numbers (attach resumes).

5. Curriculum

    a. Attach the course schedule and curricula.

    b. Classroom / Didactic Hours: _____   Clinical / Psychomotor Hours: _____
        *Testing hours and lunch / break hours do not count towards didactic and psychomotor hours.

    c. Textbook Name / Author / Edition / Publication Date or Resource:

6. By my signature, I attest that this course will be taught in accordance with the National EMS Education Standards, including modifications required by IDPH and the state of Illinois education criteria per Title 77, Part 515, Subpart D.

    _____   _____
    Lead Instructor   **Date**

7. I have reviewed this application and assure it will be taught in accordance with the appropriate curriculum as indicated above.

    _____   _____
    EMS Medical Director   **Date**

    _____   _____
    EMS System Coordinator   **Date**

8. Application Reviewed and Approved

    ☐ A copy of the approved application has been sent to the REMSC where the training location will be held (as applicable).

    _____   _____
    Regional EMS Coordinator Signature   **Date**

    Site Code: _____   Credit Hours: _____

    Site Code: _____   Credit Hours: _____

    Site Code: _____   Credit Hours: _____