

OSDH/EMS Division Use Only Date Received: _____ Outline/Instructor reviewed: _____ By: _____ CAN: _____	Results: _____ _____ _____
<div style="display: flex; align-items: center;"> <div> <p>Oklahoma State Department of Health</p> <p>EMS TRAINING</p> <p><u>COURSE AUTHORIZATION NUMBER</u></p> <p>Application</p> <p>(OAC 310: 641-7-15 and OAC 310: 641-7-30)</p> </div> </div>	

Training Center Name and Site Number: _____ _____	Ambulance Service Name and License #: _____ _____	First Response Agency Name and Certificate #: _____ _____
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As specified in OAC 310: 641-7-15, "The application shall be submitted at least thirty (30) days prior to the course date..." for ALL course requests. Course numbers MUST be obtained PRIOR to course start date. (DO NOT begin ANY class without a course number or correspondence from OSDH.) Failure to comply with this rule may cause the course to be DISAPPROVED.

COURSE INFORMATION:	Application Date: _____
Type of course: _____	
Course Location: _____	
Start Date: _____ End Date: _____ Class Days: _____	
Meeting Times: _____ Number of Hours for course: _____	

Distant Learning Class Yes or No (If 'YES' then attach DL Site Data Sheets for each location)

Emergency Medical Responder and Basic EMT – These courses require two practical examinations one for the class final (to be conducted during class) and a National Registry Practical for students who successfully complete all portions of the course.

Emergency Medical Responder and EMT Basic National Registry Practical Examination:		
Date: _____	Time: _____	Location: _____

Instructor/Coordinator Information: Ambulance Services & EMRA's must have this form signed by the Service Director

Course Coordinator/Ambulance Service Directors Name and	Signature:
Name _____	_____
Phone Number: _____	Email: _____
Lead Instructor Name: _____	Instructor Number: _____
Co-Instructor Name: _____	Instructor Number: _____
Co-Instructor Name: _____	Instructor Number: _____

Return Course Approval Number (CAN)

to: →

Training Center/Service Name: _____
Attention to: _____
Address: _____
City, State, Zip: _____

IF NOT A TRAINING CENTER, PLEASE ATTACH THE FOLLOWING TO YOUR COURSE APPROVAL APPLICATION:

Copies of course syllabus/outline, including: Class day/date, time, topic and coverage time of each topic Instructor and location if different than those listed above. Combined Refreshers require a CAN for each level of training.

MAIL completed applications and attachments to:

OSDH/EMS, Educational Coordinator
1000 NE 10th Street, Oklahoma City OK 73117-1299

If you are applying for a Distance Learning class involving **multiple** training sites, please complete the following. Every site through which training will be coordinated and provided must have this addendum sheet

Distant Learning Site Data

DL Course Number: _____ Date: _____
DL Site Name: _____
DL Site Address: _____
Telephone #: (____) ____ - _____ Fax #: (____) ____ - _____

DL Site Instructors or Lab Assistants: [must be licensed at the level of training]

Instructor or Assistant Name	Lic. Level	Instructor #	ACLS Instructor?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

DL Site Audio/Visual Technician: _____
Will this person be available during this Class period Yes No

DL Site Clinical/Skill Arrangements: _____

List Students at this Site:

	<u>Last Name</u>	<u>First Name</u>	<u>Level</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____

Responsible DL Site Administrator: _____
Signature

DL Site Email Address: _____