

Oklahoma State Department of Health
Emergency Medical Service Division
1000 Northeast Tenth Street
Oklahoma City Oklahoma 73117-1299

AMENDMENT TO COURSE AUTHORIZATION REQUEST FORM

[Required]

Course Number: _____ Date: _____

[Complete the following ONLY if changed]

Course Location: _____

Start Date: _____ Ending Date: _____

Class Days: _____ Meeting Times: _____

Number of Hours in Course: _____

Lead Instructor: _____ Inst Number: _____

Co - Instructor: _____ Inst Number: _____

Co - Instructor: _____ Inst Number: _____

Practical Date: _____ Practical Time: _____

Other Needed Changes: _____

Reason(s) for Changes: _____

Training Center/Service Name: _____

Attention to: _____

Address: _____

City, State, Zip: _____

mail completed form to:



Oklahoma
State
Department
of Health

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