



EMERGENCY MEDICAL RESPONDER (EMR) TRAINING PROGRAM APPLICATION

Initial		Renewal	
Name of Training Program or Individual:			
Street Address:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Training Program Principal Instructor(s)*:			
Training Program Teaching Assistant(s)*:			
<p>I verify that the Emergency Medical Responder course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standards:</p> <ul style="list-style-type: none"> • http://www.ems.gov/pdf/811077a.pdf • http://www.ems.gov/pdf/811077b.pdf <p>I further certify that the program will utilize the appropriate instructor-to-student ratio (at least one principal instructor or teaching assistant for each 10 students during skills practice/laboratory sessions), and that appropriate equipment and adequate classroom space will be available for all instructional activities.</p>			
_____	_____	_____	
Name/Title	Signature	Date Submitted	

* Attach a resume for all proposed Principal Instructor(s) and Teaching Assistant(s)



EMERGENCY MEDICAL RESPONDER TRAINING PROGRAM CHECKLIST

DESCRIPTION	ENCLOSED	APPROVED
Training Program Application – completed and signed		
Training program principal instructor(s) and teaching assistant(s) resume's		
Training Program Course Location & Proposed Dates Form		
Samples of written and skills examinations used for periodic testing		
Final skills competency examination		
Final written examination		
Sample of the proposed course completion certificate		
Description of the program facilities, equipment, examination security and student record keeping (Note: additional evidence of compliance with these items, including initial or periodic site visit(s) by S-SV EMS Agency staff may be required)		
EMR training program approval fee paid		
S-SV EMS Agency Approval		
_____ Name/Title	_____ Signature	_____ Date Approved