APPLICATION TO CONDUCT COURSE

[ ] EMT [ ] Advanced [ ] Paramedic

Please type/print and check all appropriate responses. Submit completed application and a copy of the course schedule to OHA/EMS at least 30 days prior to beginning the course. IMPORTANT: The Course Director is to notify the Department immediately if the course is cancelled, or if the number of students or the course ending date has changed.

EMT-Basic/EMT Intermediate course: Please complete the attached page and return with this Application to Conduct Course.

Course affiliation: [ ] Community College [ ] College/University [ ] Licensed Vocational School

Institution name: __________________________________________________________________________

Program administrator: __________________________ Telephone #: __________________________

E-mail: _____________________________________________

Mailing address: _____________________________________________

(Street or PO Box) (City) (State) (Zip)

Address where course will be conducted: _____________________________________________

Course dates: Beginning: ___ / ___ / ___ Completion: ___ / ___ / ___ Projected # of Students: __________

Paramedic courses only: Completion Date Didactic: ___ / ___ / ___ Completion Date Clinicals: ___ / ___ / ___

ATTACH A COPY OF THE COURSE SCHEDULE

THE TEACHING INSTITUTION AGREES TO:

(1) Provide copies of all course director and guest lecturers specialty certificates to the Department when requested.
(2) Attach a copy of contracts to ensure that EMT-Basic and EMT-Paramedic students enrolled in an approved course have scheduled clinical and field internships to permit every student enrolled to complete these requirements within the timeframe of the approved course. Field preceptors must meet the qualifications as outlined in OAR 333-265-0000 (25).
(3) Assures the qualifications of Program Administrators, Course Directors, Assistant Instructors and guest lecturers as outlined in OAR 581-49-0010.
(4) Provide facilities to conduct the written and practical exam at no cost to the Department; and
(5) Notify eligible students of the date, time and location of the certification exam(s).

This is a formal request to conduct an EMT course. The teaching institution agrees to fully teach the Department-approved curriculum and fully understands that, failure to comply with the requirements listed in OAR 333-265-0010, furnishing any false information, or not following the approved curriculum shall constitute cause for the immediate suspension of this course or the possible denial of future course(s).

Signature of Program Administrator / ____/____

Oregon Health Authority – Public Health Division – EMS and Trauma Systems
Updated 08/2014
COURSE MEDICAL DIRECTOR: ____________________________________________

COURSE DIRECTOR: ____________________________________________________

E-mail: ________________________________________________________________

1. Certified/Licensed as an: EMT, EMT-Intermediate, AEMT, Paramedic, M.D./D.O. (please circle)
   Certificate/License Number: ___________________ Expiration Date: ______/____/____
2. Certified CPR Instructor with: [ ] AHA   [ ] Red Cross   Expiration Date: ______/____/____
3. Certified ACLS Provider. Expiration Date: ______/____/____ Instructor: Expiration Date: ______/____/____
4. Certified PHTLS or BTLS Provider. Expiration Date: ______/____/____ Instructor: Expiration Date: ______/____/____
5. Certified PEDS/ALS Provider. Expiration Date: ______/____/____ Instructor: Expiration Date: ______/____/____
6. Instructor Development Course. DPSST, FSAB I & II, NFPA 1, Other: __________________ Date of Course: ______/____/____
7. Have at least three years experience in prehospital emergency medical care at or above the level of the course to be taught.

I certify that I am in good standing with my certifying/licensing agency(ies) and that I am not currently on probation for any reason.

I am aware of all Oregon Administrative Rules regarding requirements in this application and have answered all questions completely, without reservation of any kind, and I declare under penalty of perjury that my answers and all my qualifications herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial of the above listed EMT course. I further agree that, if I am a certified EMT, such act shall constitute cause for the suspension or revocation of my EMT certificate to practice as an emergency medical technician in the State of Oregon.

_________________________________________________/____/____
(Signature of Course Director) (Date)

COURSE INSTRUCTOR (If different than Course Director):

E-mail: ________________________________________________________________

1. Certified/Licensed as an: EMT, EMT-Intermediate, AEMT, Paramedic, M.D./D.O. (please circle)
   Certificate/License Number: ___________________ Expiration Date: ______/____/____
2. Certified CPR Instructor with: [ ] AHA   [ ] Red Cross   Expiration Date: ______/____/____
3. Certified ACLS Provider. Expiration Date: ______/____/____ Instructor: Expiration Date: ______/____/____
4. Certified PHTLS or BTLS Provider. Expiration Date: ______/____/____ Instructor: Expiration Date: ______/____/____
5. Certified PEDS/ALS Provider. Expiration Date: ______/____/____ Instructor: Expiration Date: ______/____/____
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_________________________________________________/____/____
(Signature of Course Instructor) (Date)
REQUEST PRACTICAL EXAMINATIONS

[ ] EMT  [ ] AEMT

EMS TRAINING INSTITUTION: ___________________________________________________

COURSE DIRECTOR: _______________________   Course Ending Date: _____/_____/_____  

PRACTICAL EXAM INFORMATION:

Date: ____/____/____  Student Check-in: ____ am/pm  CO Arrival Time: ______ am/pm

Location of exam: ___________________________________________________________________

Address: _______________________________________________________________________

Building/Room: __________________________________________________________________

Contact Person: ________________________  Affiliation: ________________________________

Daytime phone: ___________________________  E-mail: ________________________________