

EMERGENCY MEDICAL RESPONDER (EMR) TRAINING COURSE AUTHORIZATION REQUEST

SOUTH DAKOTA DEPARTMENT OF HEALTH
 OFFICE OF RURAL HEALTH / EMERGENCY MEDICAL SERVICES
 600 EAST CAPITOL AVENUE
 PIERRE, SD 57501
 OFFICE (605) 773-4031 | FAX (605) 773-5683

INSTRUCTIONS: Type or print clearly. This request must be completed by the course coordinator and submitted to OEMS at least **four weeks** prior to beginning the course. Please keep a copy for your records.

Type of Training	EMR-Initial Course				Projected Number of Students			
Physical Location of Course								
Address				City		State		Zip Code
Start Date			End Date			Total Estimated Hours		
Classes will be held on (Click all that apply)	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Time
Course Coordinator						State EMS #		
Address				City		State		Zip Code
Email				Contact Phone #				
Primary Instructor						State EMS #		
Physician Medical Director						SD State License #		
Textbook Used				Publisher			Edition	
State Practical Test Date (Initial EMT Only)								
ALS Licensed Ambulance Service (for clinical purposes)								
Name of Participating Hospital (for clinical purposes)								

AS THE CLASS COORDINATOR, I WILL SECURE COURSE MATERIALS AND VISUAL AIDS, SECURE USE OF CLASSROOM FACILITIES, PREPARE AND INPLEMENT CLASS SCHEDULES, ARRANGE AND SCHEDULE IN-HOSPITAL AND/OR AMBULANCE OBSERVATION AND TRAINING, AND PERFORM OTHER APPROPRIATE CLASS FUNCTIONS. I WILL ADHERE TO THE APPROPRIATE STANDARD CURRICULM THROUGHOUT THE COURSE. SCHEDULE FOR INITIAL COURSES MUST BE SUBMITTED WITH REQUEST TO THE OFFICE OF RURAL HEALTH / EMS

 Signature of Course Coordinator

 Date

A COURSE AUTHORIZATION NUMBER WILL BE INCLUDED IN THE COURSE AUTHORIZATION LETTER UPON APPROVAL. **PLEASE KEEP THIS NUMBER FOR YOUR RECORDS AND USE ON ALL COURSE CORRESPONDENCE. PLEASE NOTE: ONLINE REGISTRATION OF THE STUDENTS IS REQUIRED THE FIRST WEEK OF CLASS ON THE SD EMS WEBSITE "ONLINE EMT COURSE INITIAL REGISTRATION" LINK.**

OFFICE USE ONLY

Course Authorization #	Date Posted on Website
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