EMERGENCY MEDICAL TECHNICIAN – EMT
ER DIRECTOR SUPPORT

Initial Course Only

Hospital Name		
Mailing Address		
City	State	Zip Code
ER Director		

A signed copy of this form or equivalent contract must be submitted to the OEMS for each hospital used.

As ER Director of above mentioned hospital, I support the initiation of an Emergency Medical Technician (EMT) Training Program and agree that the students enrolled in this program may do their clinical training skills in this hospital. I may withdraw this agreement at any time by submitting the request in writing to the Training Program Director and the Office of EMS (OEMS).

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Signature of ER Director Date