



GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

Form T-04-A

EMS EDUCATION PROGRAM APPLICATION

FOR DEPARTMENT USE ONLY	
DPH/Regional Approval Number:	Date Received from Revision(s):
Date Received-Regional EMS Office:	Date Approved by Regional EMS Office:
Date Returned for Revision(s):	Date Facility Notified by EMS Regional Office:

COURSE APPLICATION FOR PROGRAM			
EMERGENCY MEDICAL RESPONDER	EMT	ADVANCED EMT	PARAMEDIC

Sponsoring Agency	Sponsoring Agency Name		
	Sponsoring Agency's Primary Contact Name	Sponsoring Agency's Primary Contact Phone Number	
	Sponsoring Agency's Primary Contact Email Address		
Program Information	Program Name		Program Code
	1st Line Mailing Address	2nd Line Mailing Address	
	City	State	Zip Code
Program Director	Program Director's Name		Phone Number
	1st Line Mailing Address	2nd Line Mailing Address	
	City	State	Zip Code
			Email Address
Primary Instructor	Primary Instructor's Name		Primary Instructor's License Number
	1st Line Mailing Address	2nd Line Mailing Address	
	City	State	Zip Code
			Phone Number
	Email Address		
Medical Director	Medical Director's Name		Phone Number
	1st Line Mailing Address	2nd Line Mailing Address	
	City	State	Zip Code
			Email Address

Course Information	<p>Course Location</p> <p>Course Starting Date Course Ending Date</p> <p>Times Class Held Classes to Meet (days of week) Didactic Hours</p> <p>Lab Hours Clinical/Hospital Hours Field Hours</p>
Clinical Site 1 Information	<p>Name of Clinical Site 1</p> <p>Clinical Site Type EMS Hospital Clinic Other - Explain</p> <p>Primary Contact for Clinical Site 1 Primary Contact Phone Number</p> <p>Primary Contact Email Address</p>
Clinical Site 2 Information	<p>Name of Clinical Site 2</p> <p>Clinical Site Type EMS Hospital Clinic Other - Explain</p> <p>Primary Contact for Clinical Site 2 Primary Contact Phone Number</p> <p>Primary Contact Email Address</p>
Clinical Site 3 Information	<p>Name of Clinical Site 3</p> <p>Clinical Site Type EMS Hospital Clinic Other - Explain</p> <p>Primary Contact for Clinical Site 3 Primary Contact Phone Number</p> <p>Primary Contact Email Address</p>
Clinical Site 4 Information	<p>Name of Clinical Site 4</p> <p>Clinical Site Type EMS Hospital Clinic Other - Explain</p> <p>Primary Contact for Clinical Site 4 Primary Contact Phone Number</p> <p>Primary Contact Email Address</p>
Clinical Site 5 Information	<p>Name of Clinical Site 5</p> <p>Clinical Site Type EMS Hospital Clinic Other - Explain</p> <p>Primary Contact for Clinical Site 5 Primary Contact Phone Number</p> <p>Primary Contact Email Address</p>

Adjunct Instructors	Instructor Name 1	License Lvl/number	Instructor Lvl/number
	Instructor Name 2	License Lvl/number	Instructor Lvl/number
	Instructor Name 3	License Lvl/number	Instructor Lvl/number
	Instructor Name 4	License Lvl/number	Instructor Lvl/number
	Instructor Name 5	License Lvl/number	Instructor Lvl/number

ADDITIONAL ADJUNCT INSTRUCTORS MUST BE RECORDED ON ATTACHMENT B IF NECESSARY

My signature affirms that the information contained herein is certified as true and correct to the best of my knowledge. Any changes to the application (schedule, instructors, contracts, etc.) after it is approved **MUST BE** submitted in writing and approved by the Regional EMS Program Director prior to the effective date(s) of the change. *(ALL SIGNATURES MUST BE ORIGINAL)*

SIGNATURES

Printed Name of Program Director	
Signature of Program Director	Date
Printed Name of Medical Director	
Signature of Medical Director	Date

DOCUMENTS REQUIRED

Supporting documents that must accompany this application:

1. Letter of Agreement from the Sponsoring Agency
2. Course Session Guide/Schedule (To include dates of classes)
3. Letter of Agreement from Course Medical Director

ADDITIONAL ADJUNCT INSTRUCTORS - ATTACHMENT B

Adjunct Instructors	Instructor Name 6	License Lvl/number	Instructor Lvl/number
	Instructor Name 7	License Lvl/number	Instructor Lvl/number
	Instructor Name 8	License Lvl/number	Instructor Lvl/number
	Instructor Name 9	License Lvl/number	Instructor Lvl/number
	Instructor Name 10	License Lvl/number	Instructor Lvl/number
	Instructor Name 11	License Lvl/number	Instructor Lvl/number
	Instructor Name 12	License Lvl/number	Instructor Lvl/number
	Instructor Name 13	License Lvl/number	Instructor Lvl/number
	Instructor Name 14	License Lvl/number	Instructor Lvl/number
	Instructor Name 15	License Lvl/number	Instructor Lvl/number