



# 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: _____
Date Received-Regional EMS Office: _____	Date Approved by Regional EMS Office: _____
Date Returned for Revision: _____	Date Facility Notified by EMS Regional Office: _____

### COURSE APPLICATION FOR PROGRAM

EMERGENCY FIRST RESPONDER

EMT

ADVANCED EMT

PARAMEDIC

#### Sponsoring Agency

Sponsoring Agency Name \_\_\_\_\_

Sponsoring Agency's Primary Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ 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

Program Instructor's Name \_\_\_\_\_ License Number \_\_\_\_\_

1st Line Mailing Address \_\_\_\_\_

2nd Line Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number \_\_\_\_\_

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### Medical Director

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Program Director's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

1st Line Mailing Address \_\_\_\_\_

2nd Line Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

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### Course Information

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Course Location \_\_\_\_\_

Course Starting Date \_\_\_\_\_ Course Ending Date \_\_\_\_\_

Times Class Held \_\_\_\_\_ Classes to Meet (days of week) \_\_\_\_\_

Didactic Hours \_\_\_\_\_ Lab Hours \_\_\_\_\_

Clinical/Hospital Hours \_\_\_\_\_ Field Hours \_\_\_\_\_

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### Clinical Site 1 Information

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Name of Clinical Site 1 \_\_\_\_\_

Clinical Site Type    EMS    Hospital    Clinic    Other - Explain \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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### Clinical Site 2 Information

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Name of Clinical Site 2 \_\_\_\_\_

Clinical Site Type    EMS    Hospital    Clinic    Other - Explain \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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### Clinical Site 3 Information

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Name of Clinical Site 3 \_\_\_\_\_

Clinical Site Type    EMS    Hospital    Clinic    Other - Explain \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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### Clinical Site 4 Information

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Name of Clinical Site 4 \_\_\_\_\_

Clinical Site Type    EMS    Hospital    Clinic    Other - Explain \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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### Clinical Site 5 Information

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Name of Clinical Site 5 \_\_\_\_\_

Clinical Site Type    EMS       Hospital       Clinic       Other - Explain \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### ADDITIONAL CLINICAL SITES MUST BE RECORDED ON ATTACHMENT A IF NECESSARY

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### Adjunct Instructors

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Instructor Name 1 \_\_\_\_\_ License Level Number \_\_\_\_\_

Instructor Level Number \_\_\_\_\_

Instructor Name 2 \_\_\_\_\_ License Level Number \_\_\_\_\_

Instructor Level Number \_\_\_\_\_

Instructor Name 3 \_\_\_\_\_ License Level Number \_\_\_\_\_

Instructor Level Number \_\_\_\_\_

Instructor Name 4 \_\_\_\_\_ License Level Number \_\_\_\_\_

Instructor Level Number \_\_\_\_\_

Instructor Name 5 \_\_\_\_\_ License Level Number \_\_\_\_\_

Instructor Level 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 \_\_\_\_\_

### REQUIRED DOCUMENTS

#### 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 CLINICAL SITES - ATTACHMENT A

### Clinical Site 6 Information

Name of Clinical Site 6 \_\_\_\_\_

Clinical Site Type    EMS    Hospital    Clinic    Other - Explain \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Clinical Site 7 Information

Name of Clinical Site 7 \_\_\_\_\_

Clinical Site Type    EMS    Hospital    Clinic    Other - Explain \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Clinical Site 8 Information

Name of Clinical Site 8 \_\_\_\_\_

Clinical Site Type    EMS    Hospital    Clinic    Other - Explain \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Clinical Site 9 Information

Name of Clinical Site 9 \_\_\_\_\_

Clinical Site Type    EMS    Hospital    Clinic    Other - Explain \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Clinical Site 10 Information

Name of Clinical Site 10 \_\_\_\_\_

Clinical Site Type    EMS    Hospital    Clinic    Other - Explain \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Clinical Site 11 Information

Name of Clinical Site 11 \_\_\_\_\_

Clinical Site Type    EMS    Hospital    Clinic    Other - Explain \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

ADDITIONAL ADJUNCT INSTRUCTORS - ATTACHMENT B

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**Additional Adjunct Instructors**

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Instructor Name 6	_____	License Level Number	_____
Instructor Level Number	_____		
Instructor Name 7	_____	License Level Number	_____
Instructor Level Number	_____		
Instructor Name 8	_____	License Level Number	_____
Instructor Level Number	_____		
Instructor Name 9	_____	License Level Number	_____
Instructor Level Number	_____		
Instructor Name 10	_____	License Level Number	_____
Instructor Level Number	_____		