## ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

## TRAINING PROGRAM APPLICATION FORM

Appli	cant A	gency						
	Nam	ne						
	Addi	less						
	City		State <u>IL</u>		ZIP			
	Atte	Daytime	Pł	none				
	Trair	ning Site						
It is r	eques	ted that this organization be author	rized to con	ıdu	ıct			
Cour	Course Type			Continuing Education				
[ ] [ ] [ ]	First Responder Emergency Medical Dispatch Course EMT- Basic Course EMT- Intermediate Course EMT- Paramedic Course Pre-Hospital RN ECRN EMT Lead Instructor Course		[ ]	[]	Continuing Education Symposium Number of Hours Requested			
[] []					Mark Appropriate Level [ ] EMT- B [ ] EMT- I			
[]					[ ] EMT- P [ ] Pre-Hospital RN / ECRN [ ] Other			
1.	Proc	Program Instructor (s)						
••	a.	Name						
	<b>-</b>	Instructor Course Date Instructor Course Site	·					
	b.	Name						
		Instructor Course Date Instructor Course Site						
2.		Course Availability						
	a. Estimated number of students pe		er course _					
		b. Geographic area to be served						
	C.	Proposed starting/ending dates	_		to			
	-	d. Licensure examination site						
	e.	Licensure examination date						

Classroom Facilities Location. Please indicate size and number of rooms expected to be used for didactic sessions:									
	ructors. List the names of guest spe be presenting. (attach resumes).	akers and the specific topics that the indivi							
Cur	Curriculum								
a.	Attach a proposed course schedule that corresponds to the correct curricula ar includes dates, times, locations and guest speakers.								
b.	Textbook name/author								
	I am familiar with the National Standard Curriculum lesson plans and assure that this cou (training) will be taught in accordance with those plans.								
	Course Coordinator / Lead Instructor	Date							
	I have reviewed this application and assure it will be taught in accordance with the approp National Standard Curriculum.								
	EMS Medical Director	Date							
	Regional EMS Coordinator	Date							
	Site Code	Credits Awarded							
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	Site Code	Credits Awarded							
	Site Code								

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 81-1518. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

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