

COURSE NUMBER: __

Oregon Health Authority Emergency Medical Services and Trauma Systems PO Box 14450 Portland OR 97293-0450

971-673-0520 office; 971-673-0555 fax

APPLICATION/NOTIFICATION TO CONDUCT EMERGENCY MEDICAL RESPONDER COURSE

This is a formal request to conduct an Emergency Medical Responder Course and is being sent 30 days prior to the course start date. The teaching institution agrees to fully teach an authority-approved curriculum and fully understands that failure to comply with the requirements listed in OAR 333-265-0012, 0014, and 0018, furnishing any false information, or not following the approved curriculum shall constitute cause for the immediate suspension of this course or the possible denial of future course(s). In order to conduct an Emergency Medical Responder course the Authority must approve an Emergency Medical Responder program's course director prior to conducting a course. The program is to notify the Authority immediately if the course director or course location is changed.

COURSE AFFILIATION	:					
[] COMMUNITY COLI [] LICENSED VOCATI		DLLEGE/UNIVERSITY MBULANCE SERVICE				
INSTITUTION NAME:						
MEDICAL DIRECTOR:						
COURSE DIRECTOR: _		OREGON EMT LICENSE #:				
TELEPHONE #:	FAX #:		EMAIL:			
MAILING ADDRESS: _	(Street or PO Box)	(City)		(State)	(Zip)	
ADDRESS WHERE COU	URSE WILL BE CONDUCTED:					
COURSE DATES: STAI	RT:/COMPLETIC	ON:/ PRO	JECTED # OF STUI	DENTS:		
(1) Follow the rules (2) Provide copies o (3) Assures the qual (4) Provide appropri (5) Notify eligible st ************************************	**************************************	CTOR AGREES TO: 014 and 0018 ners specialty certificates Assistants, and Guest Leve and practical exams at the proof of the licensing exam(sex************************************	to the Authority when cturers. no cost to the Authority.). **********************************	en requested. rity; and ******* RTIFICATIO	**************************************	
	Course schedule					
O.V. 1714.0	Signature of Co	ourse Director		/// Date		
OHA/EMS						