ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT) TRAINING COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 61968 (01/2022)

This request must be completed by the course coordinator and submitted to DEMS at least **two weeks** prior to beginning the course. Please keep a copy for your records.

Physical Location of Course			
Address	City	State	ZIP Code
Start Date	End Date		Estimated Hours
Course will be held on: (Check all that apply) ☐ Sun ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa		Meeting Time	
Course Coordinator		State EMS Number	
Address	City	State	ZIP Code
E-Mail	Telephone Number		
Primary Instructor		State EMS Number	
Physician Medical Director		Practical Test Site Date	
Textbook Used	Publisher		Edition
Course Type ☐ Open ☐ Closed			
If 'Open', List Contact Person		Telephone Number	
ALS Licensed Ambulance Service (for clinical purposes)			
Name of Participating Hospital (for clinical purposes)			

As course coordinator I will secure course materials and visual aids, secure use of classroom facilities, prepare and implement class schedules, arrange, and schedule in-hospital observation and training, and perform other appropriate class functions. I will adhere to the appropriate standard curriculum throughout the course as well as adhering to DEMS security requirements. A schedule must be submitted with request for initial courses.

Signature	Date

A course authorization number will be included in the course authorization letter upon approval. Keep this number for your records and use on all course correspondence. An EMS registration form must be completed for each student and submitted at the beginning of each course.

For DEMS Use Only:

Course Authorization Number
Posted on Website
Handouts Sent

ADVANCED EMERGENCY MEDICAL TECHNICIAN - AEMT
MEDICAL DIRECTOR AGREEMENT
Initial Courses Only

EMS Training Program		
Physician Name	Mailing Address	
City	State	ZIP Code

Responsibilities of Physician Medical Director

- Obtain approval from the hospital medical staff(s) (providing clinical training) to initiate an AdvancedEmergency Medical Technician Course
- Assure overall direction and coordination of the planning, organization, administration, periodic review, continueddevelopment, and effectiveness of the program
- Oversee that the course is conducted as outlined in the Education Standards
- Oversee the quality of instruction and clinical experience
- Oversee course compliance with all applicable board regulations
- Critique patient care during training and assure maintenance of written documentation of same
- Participate in review of student applications and selection
- Review results of interim examinations

As Physician Medical Director of the Advanced Emergency Medical Technician (AEMT) course I agree to previousmentioned responsibilities and reserve the right to withdraw this agreement at any time. To withdraw this agreement, it must be submitted in writing to the Division of Emergency Medical Systems (DEMS).

Signature of Physician Medical Director	Date	ND License Number

ADVANCED EMERGENCY MEDICAL TECHNICIAN - AEMT
HOSPITAL ADMINISTRATION SUPPORT
Initial Courses Only

EMS Training Program		
Hospital Name	Mailing Address	
City	State	ZIP Code
Hospital Administrator		
As administrator of above-mentioned hospital, I support the initiation of an Advanced Emergency Medical Technician(AEMT) 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 Division of Emergency Medical Systems (DEMS).		
Hospital Administrator Signature		Date

ADVANCED EMERGENCY MEDICAL TECHNICIAN - AEMT
ALS AMBULANCE SERVICE SUPPORT
Initial Courses Only

EMS Training Program		
Service Name	Mailing Address	
City	State	ZIP Code
Director/Manager		
As director of above-mentioned ambulance service, I agree to provide a setting for conducting the ALS clinical for the AEMT training program to be held at named city. I understand the ALS ambulance experience will involve the AEMT students observing and participating under supervision in all aspects of patient care as carried out by this service. Theambulance clinical experience will be under the supervision of the medical director of the service on record. I understand this agreement may be terminated under written notice to the training program director and the Division ofEmergency Medicals Systems (DEMS).		
Ambulance Service Director/Manager Signature		Date

This form may be completed and mailed to:
North Dakota Department of Health
Division of Emergency Medical Systems
1720 Burlington Dr - Suite A
Bismarck ND 58504-7736

You may also submit the completed form via email to dems@nd.gov or via fax to 701-328-0357.

Our website is: www.health.nd.gov

For questions, call our office at 701-328-2388 or e-mail us at dems@nd.gov