

MDPH/OEMS EMT TRAINING PROGRAM APPLICATION

1. Program Coordinator Name: _____ 2. Day Phone: _____
3. Sponsoring Institution _____
4. Street Address: _____ City: _____ State: _____ Zip: _____
5. Email: _____ (You must provide an email address to receive your number).
6. Title of program: _____ Course outline attached
7. Type of Program (check the categories that apply):
 (a) Mandatory Refresher: Basic Intermediate Paramedic
 (b) Morbidity & Mortality (M & M) Rounds (ALS)
 (c) Continuing education hours/levels requested: _____ Basic _____ Intermediate _____ Paramedic
8. (a) Program date(s): _____ (b) Time(s): _____ to _____
9. Program Address: _____ City: _____ State: _____ Zip: _____
10. Instructor's Name: _____ 11. Day Phone: _____
12. Street Address: _____ City: _____ State: _____ Zip: _____
13. Email: _____
14. May EMTs outside your service contact you to enroll in this program? Yes No
15. The Program Coordinator hereby affirms that the information on this application is true and correct and that the course will conform with the standards set forth in the attached outline.

Signature: _____ Date: _____

16. At least 30 days prior to program start date, submit the completed application with detailed outline to the Region in which the course will be held. (See instructions page for contact information).
 Electronic submissions are encouraged.

No program can begin or be advertised as approved prior to receiving an OEMS approval number per 105 CMR 170.960(F).

(REGION USE ONLY)

The program is approved as requested.

The program is approved as a(n) _____ level Refresher.

The program is approved only for the following hours: _____ Basic _____ Intermediate _____ Paramedic

The program does not meet requirements for approval (see attached).

OEMS Approval Number _____

Date _____ **Print Name / Title** _____ **Authorized Signature** _____

INSTRUCTIONS FOR COMPLETING MDPH/OEMS TRAINING PROGRAM APPLICATION

Item 1: Print the Program Coordinator’s name.

Item 2: Provide the Program Coordinator’s daytime phone number.

Item 3: Enter the Sponsoring Institution

Item 4: Provide the Program Coordinator’s complete mailing address.

Item 5: Provide the Program Coordinator’s email address. The Region will send the approval number to this email.

Item 6: Print the title of the program and attach a detailed outline which includes (at a minimum) learning objectives, program content, teaching method(s), times, and written and/or practical skills tests. Do not send copies of PowerPoint slides. Consult the state training manual or request assistance from the Region for guidance.

Item 7: Identify the type of program by checking the applicable categories (Refresher, M & M Rounds, or Continuing Education). Indicate the hour(s) requested for each EMT level. Do not include break time or non-EMS content time.

Item 8: Indicate (a) date(s) and (b) times the program will be offered (attach a separate page if multiple dates/times).

Item 9: Provide the complete address where the program will take place.

Item 10: Print the primary instructor’s name and credentials. Include additional instructors with credentials on attached course outline.

Item 11: Provide the primary instructor’s daytime phone number.

Item 12: Provide the primary instructor’s complete mailing address.

Item 13: Provide the primary instructor’s email address.

Item 14: Check “Yes” if the program is open to all EMTs and you want OEMS to share this information on its website. Check “No” if the program is limited to a specific audience.

Item 15: The Program Coordinator provides a signature indicating the program will be conducted in conformance with the application and program outline standards. (Electronic submissions must include a signature). Provide the date the application was signed.

Item 16: Send the completed application and associated outline to the Region in which the course will be held:

Region I: Western Mass EMS 168 Industrial Park Drive Northampton, MA 01060-2379 (413)586-6065 (413)586-0947 fax www.wmems.org lmorearty@wmems.org	Region II: Central Mass EMS Corp 361 Holden Street Holden, MA 01520 (508)854-0111 (508)853-3672 fax www.cmesc.org dbarletta@cmesc.org	Region III: NorthEast EMS, Inc. 20A DelCarmine Street Wakefield, MA 01880 (781)224-3344 (781)213-9417 fax www.neems.org jepstein@neems.org
Region IV: Metropolitan Boston EMS Council 25 B Street, Suite A Burlington, MA 01803 (781)505-4367 (781)272-6967 fax www.mbemsc.org RegionIVconed@mbemsc.org	Region V: Southeastern Mass EMS Council Box 686; 339 Center St Middleborough, MA 02346-0686 508-946-3960 508-946-3961 fax www.semaems.com ems@semaems.com	