COURSE NOTIFICATION FOR LICENSED TRAINING INSTITUTIONS

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 60091 (1/2016)

Today's Date	Course Number	
Training Institution License Number	Level of Course	
Course Type ☐ Open ☐ Closed	Course Start Date	Course End Date
Primary Instructor 6 Digit State ID Number	Physical Location of Course	
Permission to Post on DEMS Website? ☐ Yes ☐ No		

If you would like the course to be listed on the DEMST website, the following information must be completed before submission.

Note: If course type is closed it **will not** be posted on the DEMS website and the below information is not required.

Contact Person	
Telephone Number	Email Address
Class will be held every ☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa	
Class Times	

Print Form
&
Keep for your records

Submit to DEMST
by
E-Mail

North Dakota Department of Health
Division of Emergency Medical Services & Trauma
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