INSTRUCTOR / COORDINATOR
COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
600 E BOULEVARD AVE DEPT 301
BISMARCK ND 58505-0200
TELEPHONE (701) 328-2388 / FAX (701) 328-1702
SFN 53362 (12/2009)

Instructions: Type or print clearly. This request must be completed by the Course Coordinator and submitted to DEMST at least **two weeks** prior to beginning the course. Please keep a copy for your records.

Type of Course ☐ Initial ☐ Refresher	Do you have Broadband Internet Access? (required) ☐ Yes ☐ No		
Physical Location of Course			
Address	City	State	Zip
Start Date	End Date		Total Hours
Course will be held on: (Check all that apply) ☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa	Meeting Time		
Course Coordinator	State EMS #		
Address	City	State	Zip
E-Mail	Telephone Number		
☐ Open Course ☐ Closed Course	If Open, list Contact Person	Telephone Number	

Broadband internet access in your classroom is a requirement for this course. Upon approval you will be contacted by DEMST to schedule a time where your class will attend a video conference conducted by DEMST. You will not be required to purchase software for this event, however you will need access to a computer, multi-media projector, microphone and speakers. The presentation by DEMST is approximately one hour in length for initial and refresher courses.

As I/C Course Coordinator, I will secure course materials and visual aids, secure use of classroom facilities, prepare and implement class schedule, and perform other appropriate class functions. I will adhere to the EMS Instructor Training Program DOT National Standard curriculum or other DEMST approved curriculum throughout the course.

Signature of Course Coordinator_____ Date_____

A COURSE AUTHORIZATION NUMBER WILL BE INCLUDED IN THE COURSE AUTHORIZATION LETTER UPON APPROVAL.
PLEASE KEEP THIS NUMBER FOR YOUR RECORDS AND USE ON ALL COURSE CORRESPONDENCE
PLEASE NOTE: A ROSTER WITH STUDENT NAMES MUST BE SUBMITTED BEFORE LICENSURE WILL BE ISSUED.

Print Form