PARAMEDIC TRAINING INSTITUTION COURSE NOTIFICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 60653 (8/2015)

Today's Date	Course Number
CoAEMSP Number	Accreditation Status ☐ LOR ☐ Accredited
University System Affiliate	
Training Institution License Number	Course Type ☐ Open ☐ Closed
Course Start Date	Course End Date
Primary Instructor 6 Digit State ID Number	Projected Number of Candidates
Physical Location of Course	
Contact Person	
Telephone Number	E-mail Address
Class will held every ☐ Su ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa	
Class Times	

Print Form

Submit by E-mail

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