

# GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

Form T-04-A

#### EMS EDUCATION PROGRAM APPLICATION

FOR DEPARTMENT USE ONLY			
DPH/Regional Approval Number:	Date Received from Revision(s):		
Date Received-Regional EMS Office:	Date Approved by Regional EMS Office:		
Date Returned for Revision(s):	Date Facility Notified by EMS Regional Office:		

COURSE APPLICATION FOR PROGRAM						
EMERGENCY MEDICA	L RESPONDER	EMT		ADVANCED EM	T PARAMEDIC	
Sponsoring Agency	Sponsoring Agency Name					
	Sponsoring Agency's Primary Contact Nan	ne		:	Sponsoring Agency's Primary Contact Phone Number	
	Sponsoring Agency's Primary Contact Ema	il Address				
<b>Program Information</b>	Program Name			1	Program Code	
	1st Line Mailing Address			2nd Line Mailing Address		
	City	State	Zip Code			
Program Director	Program Director's Name			1	Phone Number	
	1st Line Mailing Address			2nd Line Mailing Address		
	City	State	Zip Code	Email Address		
Primary Instructor	Primary Instructor's Name			F	Primary Instructor's License Number	
	1st Line Mailing Address			2nd Line Mailing Address		
	City	State	Zip Code	Phone Number		
	Email Address					
Medical Director	Medical Director's Name			1	Phone Number	
	1st Line Mailing Address			2nd Line Mailing Address		
	City	State	Zip Code	Email Address		

Course Information	Course Location				
	Course Starting Date	ourse Starting Date Course Ending Date			
	Times Class Held	1		t (days of week)	Didactic Hours
	Lab Hours	Clinical/Hospital Hours		tal Hours	Field Hours
	Name of Clinical Site 1				
Clinical Site 1 Information	Thank of Camera one I				
	Clinical Site Type EMS	Hospital	Clinic	Other - Explain	
	Primary Contact for Clinical Site 1			Primary Contact Phone Nu	mber
	Primary Contact Email Address				
Clinical Site 2	Name of Clinical Site 2				
Information	Clinical Site Type EMS	Hospital	Clinic	Other - Explain	
	Primary Contact for Clinical Site 2			Primary Contact Phone Nu	mber
	Primary Contact Email Address				
Clinical Site 3	Name of Clinical Site 3				
Information	Clinical City Turns				
	Clinical Site Type EMS  Primary Contact for Clinical Site 3	Hospital	Clinic	Other - Explain  Primary Contact Phone Nu	mber
	Primary Contact Email Address				
	Name of Clinical Site 4				
Clinical Site 4 Information	Name of Chinical Site 4				
	Clinical Site Type EMS	Hospital	Clinic	Other - Explain  Primary Contact Phone Nu.	mbor
	Primary Contact for Clinical Site 4			Timaly Condict Hole Va.	
	Primary Contact Email Address				
Clinical Site 5 Information	Name of Clinical Site 5				
	Clinical Site Type EMS	Hospital	Clinic	Other - Explain	
	Primary Contact for Clinical Site 5			Primary Contact Phone Nu	mber
	Primary Contact Email Address				

Adjunct Instructors	Instructor Name 1	License Lvl/number	Instructor Lvl/number
	Instructor Name 2	License Lvl/number	Instructor Lvl/number
	Instructor Name 3	License Lvl/number	Instructor Lvl/number
	Instructor Name 4	License Lvl/number	Instructor Lvl/number
	Instructor Name 5	License Lvl/number	Instructor Lvl/number

#### ADDITIONAL ADJUNCT INSTRUCTORS MUST BE RECORDED ON ATTACHMENT B IF NECESSARY

My signature affirms that the information contained herein is certified as true and correct to the best of my knowledge. Any changes to the application (schedule, instructors, contracts, etc.) after it is approved MUST BE submitted in writing and approved by the Regional EMS Program Director prior to the effective date(s) of the change. (ALL SIGNATURES MUST BE ORIGINAL)

SIGNATURES					
Printed Name of Program Director					
Signature of Program Director	Date				
Printed Name of Medical Director					
Signature of Medical Director	Date				
DOCUMENTS REQUIRED					

#### Supporting documents that must accompany this application:

- 1. Letter of Agreement from the Sponsoring Agency
- 2. Course Session Guide/Schedule (To include dates of classes)
- 3. Letter of Agreement from Course Medical Director

### ADDITIONAL CLINICAL SITES - ATTACHMENT A

				DDITIONAL CLINICAL SITES - AT TACHMEN	
Clinical Site 6	Name of Clinical Site 6				
Information					
	Clinical Sita Tuna				
	Clinical Site Type EMS	Hospital	Clinic	Other - Explain	
	Primary Contact for Clinical Site 6			Primary Contact Phone Number	
	n				
	Primary Contact Email Address				
Clinical Site 7	Name of Clinical Site 7				
Information					
	Clinical Site Type EMS	Hospital	Clinic	Other - Explain	
	Primary Contact for Clinical Site 7			Primary Contact Phone Number	
	Timaly Contact for Chinear Site 7			Timaly Contact Fhoic Number	
	Primary Contact Email Address				
	Name of Clinical Site 8				
Clinical Site 8	Name of Clinical Site 8				
Information					
	Clinical Site Type				
	EMS	Hospital	Clinic	Other - Explain	
	Primary Contact for Clinical Site 8			Primary Contact Phone Number	
	Primary Contact Email Address				
	Timmer Sommer Emilian Tiddless				
Clinical Site 9	Name of Clinical Site 9				
Information					
	Clinical Site Type EMS	Hospital	Clinic	Other - Explain	
	Primary Contact for Clinical Site 9			Primary Contact Phone Number	
	,			,	
	Primary Contact Email Address				
Clinia a 1 Cit a 10	Name of Clinical Site 10				
Clinical Site 10	Traine of Chimen One 10				
Information					
	Clinical Site Type EMS	Hoerit-1	Cl::-	Od P -d :	
		Hospital	Clinic	Other - Explain	
	Primary Contact for Clinical Site 10			Primary Contact Phone Number	
	Primary Contact Email Address				
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## ADDITIONAL ADJUNCT INSTRUCTORS - ATTACHMENT B

<b>Adjunct Instructors</b>	Instructor Name 6	License Lvl/number	Instructor Lvl/number
	Instructor Name 7	License Lvl/number	Instructor Lvl/number
	Instructor Name 8	License Lvl/number	Instructor Lvl/number
	Instructor Name 9	License Lvl/number	Instructor Lvl/number
	Instructor Name 10	License Lvl/number	Instructor Lvl/number
	Instructor Name 11	License Lvl/number	Instructor Lvl/number
	Instructor Name 12	License Lvl/number	Instructor Lvl/number
	Instructor Name 13	License Lvl/number	Instructor Lvl/number
	Instructor Name 14	License Lvl/number	Instructor Lvl/number
	Instructor Name 15	License Lvl/number	Instructor Lvl/number