

BUREAU OF EMERGENCY MEDICAL SERVICES

COURSE REQUEST

(SHADED AREAS ARE FOR BEMS OFFICE USE ONLY)

TYPE OF COURSE (DISPATCH, BASIC, INTERMEDIATE, ETC.)

BEMS USE ONLY

COURSE INFORMATION	PROVIDING AGENCY, COMPANY, ORGANIZATION, ETC.			
	ADDRESS WHERE COURSE WILL BE HELD			NUMBER OF STUDENTS IN CLASS
	CITY	STATE		ZIP
COURSE DATES	BEGIN	DAYS OF WEEK		
	END	TIME OF DAY		
COURSE COORDINATOR	NAME		STATE EMT #	PUBLIC PHONE
	ADDRESS		2ND PHONE	
	CITY	STATE	ZIP	
COURSE CO-COORDINATOR	NAME OF LAST COURSE WHICH YOU COORDINATED		BEGIN AND END DATES	BEMS COURSE #
	NAME		STATE EMT #	PUBLIC PHONE
	ADDRESS		2ND PHONE	
MEDICAL DIRECTOR	CITY		STATE	ZIP
	NAME		PHONE	
	ADDRESS		2ND PHONE	
COURSE COST	TUITION	BOOKS	STATE FEES	LAB FEES
	OTHER COSTS			TOTAL

TO REQUEST TRAINING EQUIPMENT PLEASE ATTACH A COMPLETED EMS EQUIPMENT REQUEST FORM