



# APPLICATION FOR EMERGENCY MEDICAL SERVICES (EMS) TRAINING COURSE

State Form 54506 (R6 / 7-15)



- INSTRUCTIONS:**
1. Please type all information. Incomplete forms will be returned to applicant.
  2. Completed application must be submitted no less than thirty (30) days prior to course start date.
  3. Submit application by e-mail only to [certcourseapps@dhs.in.gov](mailto:certcourseapps@dhs.in.gov). Applications submitted by any other means will be rejected.
  4. Subject line of e-mail being submitted must state: Course Application.

APPLICATION INFORMATION			
Type of course (check one):			
<input type="checkbox"/> Emergency Medical Responder	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Primary instructor	<input type="checkbox"/> Extraction
<input type="checkbox"/> Emergency Medical Technician	<input type="checkbox"/> Emergency Vehicle Operations Course (EVOC)		
<input type="checkbox"/> Advanced Emergency Medical Technician	<input type="checkbox"/> Other: _____		
Name of certified training institution		Training institution certification number	
Training institution official / coordinator	E-mail address of official / coordinator	Telephone number of official / coordinator (     )	
Name of facility (if applicable)		Address 1 of classroom facilities (number and street)	
Address 2		County	
City	State	ZIP code	
Start and end date of course (month, day, year)		Open or closed course	
Days class meets			Time
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> AM
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> PM
<input type="checkbox"/> Saturday			
Name of primary instructor		Public Safety Identification (PSID) number	
E-mail address of primary instructor		Telephone number of primary instructor (     )	
Check the appropriate box.			
<input type="checkbox"/> Course syllabus must accompany Course Application request.			
<input type="checkbox"/> Completed Course checklist must accompany Course Application.			
<input type="checkbox"/> This course is an EMR course NOT sponsored by a certified training institution; therefore, a syllabus, textbook, and list of sources and equipment to be used during the course and practical skill is attached with this application.			
*Course syllabus must reference the specific course requirement checklist. Form is available on <a href="http://www.in.gov/DHS/3525">www.in.gov/DHS/3525</a> .			
Signature of training institution program director		Date (month, day, year)	
Name of training institution program director			
Signature of medical director		Date (month, day, year)	
Name of medical director			

FOR OFFICE USE ONLY	
Course number	Date approved (month, day, year)