



**State Of Delaware
Office of Emergency Medical Services**

Course Information Form

Presenting Agency and Address:

Agency Contact:

Contact Phone:

Contact Email:

Fax:

Course Name (select one below):

Emergency Medical Responder:

- ☐ Initial
☐ Refresher (12 Hour)

Law Enforcement Medical Responder:

- ☐ Initial
☐ Refresher (12 Hour)
☐ Bridge (6 Hour)

EMT – Basic

- ☐ Initial
☐ Refresher (24 Hour)
☐ Protocol

EMT – Paramedic

- ☐ Initial
☐ Refresher (48 Hour)
☐ Protocol

Field Trainer

- ☐ Initial

Methods of Instruction

- ☐ Initial

Class Location:

Registration Close Date:

Name of Course Medical Director and Credentials:

Class Start Date:

Class End Date:

Written Exam Test Date:

Paramedic Practical Exam Date:

Is this class?

- ☐ Open for all students ☐ Private – Closed to outside students

Please attach Class Schedule and a copy of the Course Completion Certificate

OEMS Use Only Below This Line

Received by OEMS (Initial/Date):

Reviewed By: (Initial/Date)

Date Approved:

Approval Number:

SFPC Reviewed By: (Initial/Date)

Date Approved:

Status:

- ☐ Approved
☐ Approved w/ Comments
☐ Not Approved w/ Comments

Comments: