



**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES &
TRAUMA SYSTEM**



TRAINING PROGRAM AMENDED APPLICATION

I. IDENTIFICATION

Legal Business or Corporate Name

Mailing Address

Telephone Number

Facsimile Number

Written Name of Chief Administrative Officer

Telephone Number of Chief Administrative Officer

II. COURSES

Check each new course the applicant will provide:

Course Name (Check all that apply):

- Arizona EMT-B Course, defined in R9-25-305
- Arizona EMT-B Refresher, defined in R9-25-306 and Arizona EMT-B Refresher Challenge Examination, defined in R9-25-306
- Arizona EMT-I Course, defined in R9-25-307
- Arizona EMT-I(99)-to-EMT-P Transition Course, defined in R9-25-318
- Arizona EMT-Intermediate Transition Course, defined in R9-25-318, Exhibit B
- Arizona EMT-P Course, defined in R9-25-308
- Arizona ALS Refresher, defined in R9-25-309 and Arizona ALS Refresher Challenge Examination, defined in R9-25-309

III. ATTESTATIONS

I attest that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and Title 9 A.A.C. Chapter 25, and that all information required as part of the application has been submitted and is true and accurate.

Signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative

Date of signature or electronic signature

IV. ADDITIONAL INFORMATION REQUIRED AS PART OF THIS APPLICATION

Submit the following with this application form, as applicable:

1. A copy of a certificate of insurance or proof of self-insurance required in R9-25-301(F).
2. For each training program medical director, documentation that the individual is qualified under R9-25-310.
3. For each training program director, documentation that the individual is qualified under R9-25-311
4. For each lead instructor, documentation that the individual is qualified under R9-25-312.
5. If required under R9-25-304(B), a copy of each executed agreement, including all attachments and exhibits, for clinical training and field training;
6. For each course to be provided, copies of policies and procedures required in R9-25-313;
7. For each course to be provided, copies of disclosure statements required in R9-25-314;
8. The undersigned verifies that the training program will:
Develop, administer, and grade a final written course examination, a final comprehensive practical skills examination, or a refresher challenge examination that meets the requirements established for the course;
Provide:
 - Equipment that meets equipment requirements established for the course; and,
 - Facilities that meet facility requirements established for the course.Submit:
 - For each scheduled course, form #25-316A (Course Notification) at least 10 days prior to the course start date, and,
 - For each scheduled course, form #25-316B (Course Roster) at least 10 days after the course end date, and,
 - For each scheduled refresher challenge examination, form #25-316C (Refresher Challenge Examination Roster) at least 10 days after the examination date.

Signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative

Date of signature or electronic signature

A COPY OF A.A.C. TITLE 9, CHAPTER 25, ARTICLE 3 HAS BEEN FORWARDED TO THE APPLICANT WITH THIS APPLICATION.