



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



COURSE NOTIFICATION

Legal Business or Corporate Name _____

Training Program # _____

Course Name (Check all that apply):

- Arizona EMT-B Course, defined in R9-25-305
- Arizona EMT-B Refresher, defined in R9-25-306
- Arizona EMT-B Challenge Exam, 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
- Arizona ALS Challenge Exam, defined in R9-25-309

Do you want your course posted to the BEMS web site?

- Yes - No

Program Medical Director's Name

Program Director's Name and Contact Phone Number

Lead Instructor's Name

Substitute Lead Instructor's Name

Course Start Date _____

Course End Date _____

Class Dates

	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Weds	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Start Time							
End Time							

TOTAL CLASSROOM HOURS: _____

TOTAL CLINICAL & VEHICULAR HOURS: _____

Practical Exam Date _____ Start Time _____ Exam Location _____

Physical Location at which the course will be taught (include Building and Room Number, if applicable) _____

By my signature below, I verify that:

1. For each course to be provided, the applicant will develop, administer, and grade a final written course examination, a final comprehensive practical skills examination, and/or a refresher challenge examination that meets the minimum requirements established for the course in A.A.C. Title 9, Chapter 25, Article 3.

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2. For each course to be provided, the applicant has and will maintain throughout the course equipment that meets equipment requirements established for the course in A.A.C. Title 9, Chapter 25, Article 3.
3. For each course to be provided, the applicant has and will maintain throughout the course facilities that meet facility requirements established for the course in A.A.C. Title 9, Chapter 25, Article 3.

By my signature below, I attest that:

1. For each course to be provided, the training program medical director meets the qualifications under A.A.C., Title 9, Chapter 25, Article 3.
2. For each course provided, the training program director meets the qualifications under A.A.C., Title 9, Chapter 25, Article 3.
3. For each course provided, the lead instructor meets the qualifications under A.A.C., Title 9, Chapter 25, Article 3.
4. That the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and A.A.C. Title 9, 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

FOR OFFICE USE ONLY – DO NOT ENTER DATA

Date Received
Date Entered
Course Approval Number
Entered By