

## COURSE REQUEST

**(You must save this form to your computer for the fill-in fields to work; Email, Fax, or Mail In)**

Please submit your course request 60 days in advance of course start date. Beginning March 1, 2017 course requests received less than 45 days in advance of start-date are subject to a \$500.00 expediting fee along with the regular approval process.

A course request is considered submitted on the day that EMSA receives one that has no missing components. This includes, but is not limited to: all applicable sections of form are completed/initialed, min/max numbers indicated, classroom hour minimums met (FR:80/EMT-B:180/EMT-I:178/CE:10-30, don't forget to account for holidays if applicable), a UNM approved Lead IC is listed for initial licensure classes, start/end dates are noted, clinical sites are noted and clinical end date is after didactic/lab end date.

**Course:**  First Responder  Basic  Intermediate  Paramedic

**Type:**  Full  CE Package  Transition [enter student name(s)]: \_\_\_\_\_

**Registration:**  Closed  Open – I understand this is an unrestricted course, I will promote this course to the surrounding areas.

**Confirmed # of Students:** \_\_\_\_\_ **Maximum # Students allowed:** \_\_\_\_\_ **County** \_\_\_\_\_ **EMS Region#**  1  2  3

**Supplies:**  Need Supplies  No Supplies Needed- By selecting this option for an initial licensure class, I have verified that the sponsor providing supplies for this course is aware of, and will provide, all the supplies required to successfully train the students competently to the level being taught. I attest that the supplies provided, in type and quantity, will either match or

exceed the supplies that would be provided by EMSA for this same course (list available for reference). **Initials:** \_\_\_\_\_

This course does not yet have an instructor (and we would like  EMSA to secure an instructor for this class) **OR**

**Lead Instructor** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Planned # of teaching hours \_\_\_\_\_ Lead Instructor provided by \_\_\_\_\_ Able to perform all IC responsibilities Yes  No

**Asst. Instructor** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Planned # of teaching hours \_\_\_\_\_ Asst Instructor provided by \_\_\_\_\_ Able to perform all IC responsibilities Yes  No

**\*Course Location** \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Course Material will be sent to this location unless other arrangements are made in advance**

**Clinical Facilities** (not required for First Responder or CE Packages): \_\_\_\_\_ I attest that there are sufficient clinical resources available for the maximum requested number of students, with regard to the clinical sites noted here. I

understand I am responsible for arranging clinical shifts for the students of this course\*. **Initials:** \_\_\_\_\_

**\*Clinical shifts for students taking classes held within the greater Albuquerque area are coordinated by the EMSA Director of Clinical Education.**

**Begin Date (or Refresher skills date/s)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Didactic End Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Class Days & Times** (indicate AM/PM or use 24:00hr expression) \_\_\_\_\_ **Clinical End Date (if applicable)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<input type="checkbox"/> Su _____ to _____	<input type="checkbox"/> Tu _____ to _____	<input type="checkbox"/> Th _____ to _____	<input type="checkbox"/> Sa _____ to _____
<input type="checkbox"/> Mo _____ to _____	<input type="checkbox"/> We _____ to _____	<input type="checkbox"/> Fr _____ to _____	

Comments: \_\_\_\_\_

Print Name & Sign: \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Contact (# and/or email, if submitter is not IC): \_\_\_\_\_

What happens now? You will be contacted by EMSA personnel to confirm these details and, after approval, again to provide you with confirmation, cost of class, and course number so your students can register.