



**Department of Safety**  
**Bureau of Emergency Medical Services**  
 Upper Valley & Northern: 609 Main Street, Gorham, NH 03581  
 Southern: PO Box 125, Wilton, NH 03086  
 Seacoast & Central: 33 Hazen Drive, Concord, NH 03305  
<http://www.nh.gov/safety/divisions/fstems/ems>

**Authority to Establish Course**  
 In Accordance with Saf-C 5910

<b>Bureau of EMS Use Only</b>
Course # _____
<b><u>NOTIFICATION</u></b>
Regional Chairperson
District Chairperson
Med. Resource Hospital (MRH EMS Contact)

**Type of Course (Check only one course per form):**

- |   |   |
|---|---|
| <input type="checkbox"/> First Responder [10]                   | <input type="checkbox"/> Interfacility Transfer Exception (IFTE) [90] |
| <input type="checkbox"/> First Responder RTP [15]               | <input type="checkbox"/> EMT-Intermediate [70]                        |
| <input type="checkbox"/> First Responder RTP – Alternative [17] | <input type="checkbox"/> EMT-Intermediate Protocol Transition [78]    |
| <input type="checkbox"/> EMT-B (FR Bridge to EMT) [33]          | <input type="checkbox"/> EMT-Paramedic [80]                           |
| <input type="checkbox"/> EMT-Basic [30]                         | <input type="checkbox"/> EMT-Paramedic RTP [85]                       |
| <input type="checkbox"/> EMT-Basic RTP [35]                     | <input type="checkbox"/> EMT-Paramedic Protocol Transition [88]       |
| <input type="checkbox"/> EMT-Basic RTP – Alternative [37]       | <input type="checkbox"/> P.E.E.T.E [100]                              |
| <input type="checkbox"/> EMT-Basic Protocol Transition [38]     | <input type="checkbox"/> Other: _____ [ ]                             |

**COURSE WILL BE**  
 OPEN     CLOSED

**Course Information**

NH EMS I/C: _____	Location (Town): _____
NH EMS I/C License No.: _____	Facility Name: _____
Assistant I/C: _____	Facility Address: _____
Start Date: _____ End Date: _____	Course Med. Dir. _____
EMS District: _____ EMS Region: <u>  1  2  3  4  5  </u>	MRH Physician: _____

**Contact Information**

_____ NH EMS I/C (Print Name)	_____ Course Coordinator (Print Name)
_____ NH EMS I/C (Signature)      Date	_____ Course Coordinator's Phone Number
_____ NH EMS I/C's Mailing Address	_____ Sponsoring Agency & Address (if applicable)
_____ NH EMS I/C's Telephone Number (Daytime)	_____ NH EMS I/C's E-Mail Address

**Bureau Approval**

_____ NH Bureau of EMS Signature	_____ Date
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**INSTRUCTIONS:** This form must be received by the appropriate EMS Field Office **NO LESS** than 30 calendar days prior to the start of the course. To receive course authorization, the following documents must also be included (as appropriate):

- An outline listing dates and times of classes and topics to be covered.
- A completed Clinical Affiliation Form