



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

Bureau of EMS Use Only
Course # _____
<u>NOTIFICATION</u>
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