



Arkansas Department of Health

5800 West 10th Street Suite 800 • Little Rock, Arkansas 72204-1763 • Telephone (501) 661-2262

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

APPLICATION TO CONDUCT AN EMT-INSTRUCTOR COURSE

- Sponsoring Training Site: _____
Mailing Address: _____
- EMT-Instructor Trainer*: _____ Level of Education: _____
(*Refer to Rules and Regulations for Arkansas EMS)
Mailing Address: _____ Telephone: _____
- Co-Instructor(s)*: _____ Level of Education: _____
Mailing Address: _____ Telephone: _____
- Starting Date: _____ Ending Date: _____ Total Hours (min 40): _____
- Days of the week classes will be held: _____, _____, _____, _____, _____, _____, _____
- Hours classes will be held: From: _____ To: _____
- Physical location of classroom: _____
- Do you have a copy of the DOT-NSC 1995 EMS-Instructor Training Program? _____
- Number of Students: _____ (not to exceed 20 without Office approval)
- Attach a list of applicants (include EMT numbers and expiration dates)
- Attach a copy of course schedule (Dates/Times/Topics) to this application)
- Attach a copy of the Instructor-Trainers Basic Life Support (BLS) Instructor card.
- IS THIS COURSE OPEN OR CLOSED? _____ CONTACT NUMBER FOR ENROLLMENT _____

I understand that in addition to all other course requirements, a practical exam (80% or above) and an end of course written exam (minimum score of 80%) is required for each student who successfully completes the course.

(EMT-Instructor Trainer Signature) (Date)

(Training Site Representative Signature) (Date)

(Co-Instructor) (Date)