

MS BEMS Course Number: _____

Mississippi EMS Education

Course Request / Instructor Verification

This form should be completed and returned to BEMS for approval prior to instruction of course at least 30 days prior to class.

Date:	
Teaching Facility:	
Course Coordinator:	
Address:	Phone:
Address:	Fax:
City/State/Zip:	E-mail:
Type of Course <i>Only one course/block per form</i>	Lead Instructor <i>Attach copies of credentials for instructors</i>
Emergency Driving Course	Name:
MFR Course	
EMT Course	Addr:
Paramedic Course	Addr:
Refresher Block 1	Addr:
Refresher Block 2	C/S/Z:
Refresher Block 3	Phone:
Refresher Block 4	Phone:
Other:	Fax:
	E-mail:
	Assistant Instructors:
Course Location:	Course County:
Clinical Locations:	
Start Date:	End Date:
Start Time:	End Time:
Day(s) of week:	
Comments:	

Submit EMT/Paramedic Class Request to:
MS - Bureau of EMS
Joshua Dawson
Mississippi State Department of Health
570 E. Woodrow Wilson
PO Box 1700
Jackson, MS 39215
EMS.Support@msdh.ms.gov

Instructions

Course Request form – All EMS Course offerings

1. Date: Enter date that you are filling out the form.
2. Teaching Facility: List hosting facility.
3. Course Coordinator: List Hosting facility Course Coordinator.
 - a. Address: Address of Teaching facility
 - b. City/St/Zip: City, State, and Zip of Teaching Facility Location
 - c. Phone: Phone number of Course Coordinator
 - d. Fax: Fax of Course Coordinator
 - e. E-Mail: Email of Course Coordinator
4. Type of Course: Please check all applicable course types(s). Use “Other” for any class that is not listed and type in the class name
5. Lead Instructor: Please fill out Name, Address, City, State, Zip, Phone, Fax and Email for Lead Instructor.
6. Assistant Instructors: Please list any assistant instructors and attach credentials.
7. Course Location: Complete address where course will be held.
8. Course County: What county is course going to be taught.
9. Start/End Dates: Please fill in the start date and the end date of the class that is being taught..
10. Start/End Times: Please fill in the times that the class will start and end.
11. Days of Week: Please fill in what days of week your class will be taught.
12. Comments: If Class will be taught at two different locations please list second location . For example, EMSD class if the classroom part is taught one place and the driving class at another location.
13. E-Mail completed form/forms to: EMS.Support@msdh.ms.gov