



MISSISSIPPI STATE DEPARTMENT OF HEALTH

COURSE REQUEST FORM

TO: **Scottie Martin**
BEMS Certification

FROM: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE: _____

DATE: _____

SUBJECT: **Emergency Medical Services Driver Training Program**

Please accept this memorandum as notification of my intention to instruct an Emergency Medical Services Driver Training Program class offering. I understand that this completed request must be submitted to the Bureau of EMS fourteen (14) days, preferably thirty (30) days prior to the first day of class and that incomplete or delinquent paperwork will be returned without action.

Name of Class: _____ Date(s) of Class: _____

Location of Didactic/Practical Segment: _____

Assistant Instructor (s): _____

Class may not begin until after receipt of formal notification from BEMS.

BEMS OFFICE USE ONLY

The above instructor meets the minimum requirements to teach an EMS Driver class.

Validated Date

BEMS Signature

Instructions

Course Request form – EMS Driver Course Offering

1. Form: Enter name of certified instructor.
2. Address: Enter address of location of course offering.
3. City/ST/Zip: Enter corresponding City, State and Zip code associated with course offering address.
4. Phone: Certified instructor phone number.
5. Name of Class: Enter Instructor or Company Name coordinating class.
6. Dates of Class: Enter all dates of class. A form will be submitted for each class.
7. Location of didactic and practical segment (they may be two locations).
8. Assistant Instructor(s): List all assistant instructors.
9. Print completed form.
10. Mail completed form to:
Bureau of EMS
ATTN: Scottie Martin
Mississippi State Department of health
P.O. Box 1700
Jackson, Mississippi 39215-1700.