



**State of Delaware
Office of Emergency Medical Services**

Course Approval Request Form

Presenting Agency and Address:

Agency Contact:

Contact Phone:

Contact Email:

Course Name (select one below):

Emergency Medical Responder:
 Initial (40 hour)
 Refresher (12 Hour)

Law Enforcement Medical Responder:
 Initial (40 hour)
 Refresher (12 Hour)

EMT
 Initial (150 hour)
 Refresher (30 Hour)
 Protocol (6 hour)

Field Training Officer
 Initial
 Refresher

Instructor Training:
Type: _____

Delivery Method
 In-person classroom
 Online
 Hybrid

Primary/Core Instructor:

Textbook and version:

Class Location:

Written Exam Test Date:

Name of Course Medical Director, Credentials and Date of Review:

Class Start Date:

Class End Date:

Is this class?
 Open for all - public Closed to outside - private

Please attach content outline, detailed class schedule, and a copy of the course completion certificate.

State Use Only Below This Line

Received by OEMS (Initial/Date):

Reviewed By: (Initial/Date)

Medical Director Approved:

Approval Number:

SFPC Reviewed by: (Initial/Date)

SFPC Approved:

Status:
 Approved
 Approved w/ Comments
 Not Approved w/ Comments

Comments: