



DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
Emergency Medical Services Office
 194 Hernan Cortez Avenue, Suite 213, Terlaje Professional Building,
 Hagatna, Guam 96910
 (671)735-7411 or (671) 735-7412



COURSE APPROVAL REQUEST

FOR OFFICE USE

bbfs042721

Date Received & By: _____

Date Received & By: _____

/ / Approved / / Disapproved

 Zennia C. Pecina, RN, MSN
 EMS Administrator

Date: _____

TYPE OF COURSE

/ / EMD / / EMD Review
 / / EMT / / EMT Review
 / / AEMT / / AEMT Review

COURSE DATE:

From: _____ To: _____

COMMENTS:

Please Type or Print (Use Black or blue ink ONLY)

<p>Requested By (Print Full Name): _____ Position/Title: _____ SIGNATURE: _____</p>	<p>Sponsoring Agency: _____ Course Title: _____ Course Number: _____ Number of Hours: _____</p>
<p>Course Coordinator (Print Full Name): _____ SIGNATURE: _____</p>	<p align="center">Meets U.S. DOT/NHTSA Training Standards: / / Yes / / No</p>
<p>PRIMARY Lead Instructor (Print Full Name): _____ SIGNATURE: _____</p>	<p align="center">Number of Students (maximum – 24): _____</p>
<p>SECONDARY Lead Instructor (Print Full Name): _____ SIGNATURE: _____</p>	<p>Instructor Aide (Print Full Name): _____ SIGNATURE: _____</p>

COURSE APPROVAL REQUEST

Please attach the following documentation with this request. Documentation must be submitted one (1) month prior to review and approval with two copies (original and two copies):

1. **COURSE SCHEDULE:** The schedule must include the dates, times, topics, lab schedules, quizzes, exams, as well as proposed commencement and completion dates for each course.
2. Training Objectives and Methodology
3. Course Outline
4. Documentation of sufficient and type of instructor materials. Documentation must include the name of the Instructor manual, resource materials, TV, VCR, videos, etc.
5. Type of Skills Manual to be used. A skills manual is highly recommended as a supplemental to the test
6. Textbooks and reference materials
7. Examination requirements
8. Equipment required. Documentation of your ability to maintain and acquire, if necessary, the equipment, materials and supplies necessary to conduct the course
9. A list of CERTIFIED Course Instructors
10. A copy of Memorandum of Agreement with the medical facility that will be providing the hospital clinical experience
11. Copies of ALL quizzes and exams
12. A final skills exam checklist. The checklist must include detailed steps and measurable outcome, as this practical exam is used in lieu of the skills practical for the Guam Exam.

Course Director (Print Full Name):

Sponsoring Dept/Agency Head (Print Full Name):

Signature: _____

Signature: _____

Title: _____

Title: _____

Contact Number: _____

Contact Number: _____



NOTE

If the training institution / sponsoring department cannot fill their own Medical Director position then the DPHSS-EMS Medical Director will serve as the Acting Medical Director to ensure oversight for the EMT Course.

DPHSS-EMS Office Medical Director (Print Full Name):

Dept/Agency Medical Director (Print Full Name):

Signature: _____

Signature: _____

Date: _____

Date: _____