

## EMS TRAINING CENTER CERTIFICATION APPLICATION

This form is authorized under s. 146.50, Wis. Stats. and Chapters 110, 111, 112 and 113, Wis. Admin. Code. Completion of this form is mandatory for certification as an EMS Training Center in Wisconsin. Personally identifiable information requested on this form will only be used for certification purposes.

**INSTRUCTIONS: Type or print legibly.** Complete all sections of this application, sign, and return it to the address listed below. This application is to be used to apply for certification or update EMS Training Center Certification in Wisconsin. Attach information required in the accompanying checklists for each level of EMS training that is provided or is being applied for. Failure to complete all sections of this application and attaching the requested documentation will result in the application being returned unapproved.

RETURN COMPLETED FORM TO:                      DIVISION OF PUBLIC HEALTH  
BUREAU OF COMMUNICABLE DISEASES AND EMERGENCY RESPONSE  
P.O. BOX 2659  
MADISON, WI 53701-2659

Type of application:                       Initial     Update/Renewal

**Level(s) of training requested for approval (check all that apply):**

First Responder       Basic                       Basic IV                       Intermediate (1999)                       Paramedic  
 First Responder Ref.       Basic Refresher       Basic IV Refresher       Intermediate (1999) Refresher       Paramedic Refresher

**APPLICANT INFORMATION**

Training Center Name

Address

Mailing Address (if different than above)

City	State	Zip Code	County
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Name of Person Completing Application

Telephone Number	FAX Number	E-mail Address
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Name of EMS Program Contact (program assistant, secretary, etc.)

Telephone Number	FAX Number	E-mail Address
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**TRAINING CENTER MEDICAL DIRECTOR INFORMATION**

Medical Director Name	Physician License Number
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Address

Mailing Address (if different than above)

City	State	Zip Code	County
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Telephone Number	FAX Number	E-mail Address
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**Attach a copy of the medical director's curriculum vitae.**

**SUPERVISORY CHAIN OF COMMAND:** List the supervisory chain of command within your training center beginning with the agency head (i.e. District Director) through to the Instructor / Coordinator level.

Name	Title	Telephone Number and / or Email

Attach additional sheets if necessary.

**INSTRUCTOR / COORDINATORS:** List the certified EMS Instructor / Coordinators employed at this facility. A resume or curriculum vitae, current CPR and ACLS (if teaching ALS levels) certification, current EMT licensure and / or National Registry of EMTs certification and current Instructor / Coordinator certification approval must be on file with your institution for our review. All requested information must be attached to this application for any instructor / coordinators seeking certification approval.

Name	License Number	License Level	Approved Teaching Levels (check all that apply)
			<input type="checkbox"/> FR <input type="checkbox"/> B <input type="checkbox"/> IV <input type="checkbox"/> INT <input type="checkbox"/> P
			<input type="checkbox"/> FR <input type="checkbox"/> B <input type="checkbox"/> IV <input type="checkbox"/> INT <input type="checkbox"/> P
			<input type="checkbox"/> FR <input type="checkbox"/> B <input type="checkbox"/> IV <input type="checkbox"/> INT <input type="checkbox"/> P
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			<input type="checkbox"/> FR <input type="checkbox"/> B <input type="checkbox"/> IV <input type="checkbox"/> INT <input type="checkbox"/> P

Attach additional sheets if necessary.



