

**Course Authorization Number Application**☐ Initial   ☐ Modification

As specified in Oklahoma Administrative Code 310: 641-7-15, "The application shall be submitted at least **thirty (30) days** prior to the course date..." for ALL course requests. Course numbers MUST be obtained PRIOR to course start date. (DO NOT begin ANY class without a course number or correspondence from OSDH.) Failure to comply with this rule may cause the course to be DISAPPROVED.

Name of Agency or Training Program: \_\_\_\_\_ Site Code or License #: \_\_\_\_\_

☐ Full Course   ☐ EMR   ☐ EMT   ☐ AEMT   ☐ Paramedic   ☐ Instructor   or   ☐ Instructor Refresher Course

Course Location: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Class days: ☐ M   ☐ T   ☐ W   ☐ Th   ☐ Fr   ☐ Sat   ☐ Sun   Meeting Times: \_\_\_\_\_ # of Hours for Course: \_\_\_\_\_**Emergency Medical Responder and Basic EMT final course psychomotor examination.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Distance Learning:** If you are applying for a Distance Learning class involving **multiple** training sites, please complete a Distance Learning Site Data Sheet for each site through which training will be coordinated. This form can be found on our web page under Education or Forms.

**IF NOT A TRAINING CENTER, PLEASE ATTACH THE FOLLOWING TO YOUR COURSE APPROVAL APPLICATION:** Copies of course syllabus/outline, including Class Day/date, time, topic and coverage time of each topic Instructor and location if different than those listed above. Instructor refreshers require a CAN application.

**Instructor/Coordinator Information:** *Ambulance Services & EMRA's must have this form signed by the Service Director, School Administrator (Training Program), or EMS/EMRA Director/Chief (Ambulance Service or Fire Department)*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course Coordinator Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Email form and documentation to [esystems@health.ok.gov](mailto:esystems@health.ok.gov)**

**Course Authorization Number Modification**

Course Authorization Number (CAN#): _____ Date: _____	
Type of course being modified: <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Instructor Refresher	
<input type="checkbox"/> Course is cancelled (reason): _____	
<b>Modification information (update only information being changed)</b>	
Course location from: _____ to: _____	
Start date from: _____ to: _____ End date from: _____ to: _____	
Meeting time from: _____ to: _____	
Lead Instructor: _____	Instructor #: _____ <input type="checkbox"/> Added <input type="checkbox"/> Removed
Co-Instructor: _____	Instructor #: _____ <input type="checkbox"/> Added <input type="checkbox"/> Removed
Co-Instructor: _____	Instructor #: _____ <input type="checkbox"/> Added <input type="checkbox"/> Removed
Co-Instructor: _____	Instructor #: _____ <input type="checkbox"/> Added <input type="checkbox"/> Removed
Other needed changes: _____	
_____	
_____	
_____	
Reason for changes: _____	
_____	
_____	
_____	
Name: _____ Signature (required): _____	

**Email modification form to [esystems@health.ok.gov](mailto:esystems@health.ok.gov)**

## EMS Training Course Roster

USE THIS ROSTER FOR ALL CATEGORIES OF EMS TRAINING (except non-reportable Continuing Education Courses).  
A separate roster is required for each course.

☐ Initial      ☐ Final      ☐ Amended

COURSE INFORMATION \*\*Any changes made since the initial CAN application will require a Course Modification Form\*\*

CAN	Course	Course location	Site Code
Session	Start Date	End Date	Course Final Exam
Days:			Date:
Times:			Location:

Instructor Name	Ind License #	Email address	Phone number

Medical Director's name	Phone number

### STUDENT ROSTER – List in alphabetical order by last name

Name (Last, First, MI)	Contact info (Email or phone #)	Status (pass, fail, incomplete, W/D)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

If additional space is needed, please add to a separate page.      Number enrolled: \_\_\_\_\_ Number completed: \_\_\_\_\_

I hereby verify that the above statements are true and correct to the best of my knowledge.

Printed name of EMS Instructor: \_\_\_\_\_

Signature of EMS Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Email Training Course Roster form to [esystems@health.ok.gov](mailto:esystems@health.ok.gov)