



Oklahoma State Dept. of Health  
Emergency Systems Division  
1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299

## COURSE MODIFICATION FORM

### REQUIRED INFORMATION

Course Number(CAN): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Type of Course:

EMR      EMT      AEMT      Paramedic

Transition/Refresher

### MODIFICATION INFORMATION

**(Update ONLY Information being changed)**

\_\_\_\_\_ **COURSE IS CANCELED (REASON):** \_\_\_\_\_

**Course Location:** From \_\_\_\_\_ To \_\_\_\_\_

**Start Date:** From \_\_\_\_\_ To \_\_\_\_\_ **End Date:** From \_\_\_\_\_ To \_\_\_\_\_

**Class Days:** From \_\_\_\_\_ To \_\_\_\_\_ **Number of Hours in Course:** From \_\_\_\_\_ To \_\_\_\_\_

**Meeting Times:** From \_\_\_\_\_ To \_\_\_\_\_

**Lead Instructor:** \_\_\_\_\_ Inst # \_\_\_\_\_ Added Removed

**Lead Instructor:** \_\_\_\_\_ Inst # \_\_\_\_\_ Added Removed

**Co- Instructor:** \_\_\_\_\_ Inst # \_\_\_\_\_ Added Removed

**Co- Instructor:** \_\_\_\_\_ Inst # \_\_\_\_\_ Added Removed

**Co- Instructor:** \_\_\_\_\_ Inst # \_\_\_\_\_ Added Removed

**Other Needed Changes:** \_\_\_\_\_

**Reason For Changes:** \_\_\_\_\_

Name: \_\_\_\_\_ Signature(Required): \_\_\_\_\_

Please Print

Mail completed form to: OSDH \* Emergency Systems \* 1000 NE 10<sup>th</sup> St. \* Oklahoma City, OK 73117-1299

Or Email to: [Esystems@health.ok.gov](mailto:Esystems@health.ok.gov)