



Oklahoma State Dept. of Health
Emergency Systems Division
1000 NE 10th 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 10th St. * Oklahoma City, OK 73117-1299

Or Email to: caseyb@health.ok.gov