

Distant Learning Site Data

If you are applying for a Distance Learning class involving multiple training sites, please complete the following. Every site through which training will be coordinated and provided must have this addendum sheet.		
DL Course Number: _____ Date: _____ DL Site Name: _____ DL Site Address: _____ Phone number: _____ Fax number: _____		
DL Site Instructors or Lab Assistant (must be licensed at the level of training):		
Instructor/Assistant name:	License Level Instructor #	ACLS Instructor
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
DL Site Audio/Visual Technician: _____ Will this person be available during this Class period <input type="checkbox"/> Yes <input type="checkbox"/> No DL Site Clinical/Skill Arrangement: _____ _____ _____ _____		
List Students at this Site:		
Last Name	First Name	Level
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Responsible DL Site Administrator: _____
Signature

DL Site email address: _____

Email this form and documentation to esystems@health.ok.gov