



APPLICATION FOR EMS EDUCATIONAL
PROGRAM APPROVAL
(TRAINING CENTER APPROVAL)

1. **Applicant Information:** (please print legibly)

Institution Name: _____

Mailing Address: _____

Program Director: _____

Primary Phone: (_____) _____

FAX number: (_____) _____

E-mail: _____

Program currently CAAHEP accredited? ____ Yes ____ No

2. **Approval Sought:** ____ Initial ____ Renewal

3. **Types/Levels of Courses to be offered:**

- BLS Courses (First Responder, EMT-Basic, First Responder refresher, Basic refresher)
- ILS / ALS Courses (Intermediate, Paramedic, ALS refresher)
- Instructor/Coordinator course

4. **Type of Institution:**

- College or University (degree or certificate program)
- Regional Office
- High school/technology center
- Adult education program
- EMS provider/private educator
- Hospital

- Fire Department
- Private ambulance service/industry
- Other _____

5. **Name of Medical Director:** (please print legibly) _____

6. **Medical Director Signature:** _____ **Date:** _____

7. **Program Director Signature:** _____ **Date:** _____

Certification

I certify that the statements contained in this application are correct to the best of my knowledge and that our EMS educational program meets the objectives of the Maine EMS Training Center Approval Process. I understand that the authorization, as issued, allows our Training Center to administer only those courses approved by Maine EMS. I understand that the Maine EMS systems Quality Assurance/Quality Improvement (QA/QI) process is an integral part of being an authorized Maine EMS Training Center and agree to participate in all reporting and audit processes as outlined in the Training Center Approval Process document. I understand and agree that QA/QI information pertaining to the Training Center may be shared amongst recognized participants within the Maine EMS QA/QI system. I also understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against the Training Center authorization by Maine EMS.

Signature of applicant: _____ **Date:** _____

Complete this checklist before you mail in your application:

- Completed all sections by printing (in black or blue ink) or typing the requested information.
- Enclosed is a check for \$250.00 made payable to: *Treasurer, State of Maine* for the application fee.
- Read and understand the certification statement and signed the application (in ink).
- Enclosed a three copies of the Self-Evaluation Report for use by the Site Evaluators.

Return your signed application (photocopied signatures cannot be accepted) to:

**Maine EMS
152 State House Station
Augusta, ME 04333-0152
Tel. (207) 626 - 3860**