

**Oklahoma State Department of
Health**

Protective Health Services
Emergency Systems/EMS Division
123 Robert S. Kerr Ave., Suite 1702
Oklahoma City, OK 73102-6406
Telephone: (405) 426-8480
Fax: (405) 900-7560



**OKLAHOMA
State Department
of Health**

**INSTRUCTIONS
FOR THE
COMPLETION
OF
OKLAHOMA'S
TRAINING PROGRAM
INITIAL APPLICATION FORMS**

Oklahoma State Department of Health
Protective Health Services
Emergency Systems/EMS Division
123 Robert S. Kerr Ave., Suite 1702
Oklahoma City, OK 73102-6406
Telephone: (405) 426-8480
Fax: (405) 900-7560

APPLICATION FORM

Please type or print all information, except where a signature is required.

- Enter the application purpose.
- Enter the agency license number (if assigned)

Section 2 – Business information (310:641-7-11))

- Enter the name of your program.
- Enter the mailing address of your agency including city, state and zip code.
- Enter the physical address of your agency including city, state and zip code.
- Enter the record retention address (address of where the agency records will be kept) including city, state and zip code.
- Enter the business telephone number. A fax number and email address should also be included.
- Enter the name of the Program Administrator and Program Coordinator.
"Program Administrator" means the individual designated in writing by a training program as responsible for all aspects of EMS training."
"Program Coordinator" means the individual designated in writing by a training program as responsible for all aspects of a specified course(s) or EMS program. This individual shall have at least two (2) years' experience of full-time equivalent employment as a healthcare practitioner."
- Enter an email that the point of contact will be able to access to receive correspondence from the Department.

Section 3 – Medical Director (310:641-7-11(a) (5))

Submit the following:

- Name of Medical Director;
- Curriculum Vitae or Resume which includes address, telephone number, fax number and an electronic-mail address;
- a copy of Oklahoma State medical license,
- (a copy) Oklahoma Bureau of Narcotics and Dangerous Drugs registration (with) expiration date

Section 4 – Level of training (310:641-7-11 (a) (2))

EMT (includes EMR training), AEMT, or Paramedic (include accreditation documents)

Section 5 – Type of owner

- Enter the type of ownership for the agency.

Section 6 – Hours of business- operations (310:641-7-11 (b) and 7-25 (b))

Enter the days and times of the agencies operations. Please include the days and times that records will be available for site visits and reviews.

Section 7- Additional Documents to be returned with Application:

- Grievance/Appeal; (310:641-7-11 (a) (6))
- List of instructors with credentials; (310:641-7-11 (a) (7))
- Clinical Agreements; (310:641-7-11 (a) (8))

Oklahoma State Department of Health

Protective Health Services
Emergency Systems/EMS Division
123 Robert S. Kerr Ave suite 1702
Oklahoma City, OK 73102-6406
Telephone: (405) 426-8480
Fax: (405) 900-7560

- Inventory of equipment and supplies (310:641-7-11 (a) (9))
- Course plans; (310:641-7-11 (a) (10))
- Site Applications for additional sites; (310:641-7-11 (a) (11))
- Copy of plan or policy to address lapse of medical direction; (310:641-7-11 (c) (1)-(2))
- Copy of minimum attendance policy; (310:641-7-11 (d))
- National Registry Coordinator (EMR and EMT training program only) ; (310:641-7-11 (e))

Section 8 – Instructor Requirements (O.A.C. 310:641-7-20)

(a) (1) A registry of approved emergency medical services instructors shall be maintained by the Department (OSDH). Each instructor candidate shall submit to the Department (OSDH) an application for initial instructor certification. The application shall be on forms provided by the Department and accompanied by current documentation of qualification. This application shall constitute authorization for any inspection or investigation by the Department.

Section 9 – Type of Entity

Describe the type of entity that will own or be responsible for the Training Program Approval.

Section 10 – Indirect Ownership

Section 11– Mortgagee

Section 12- Corporation Officers/Directors

Section 13- Other Ownership or Controlling Interests (Boards or Councils)

Section 14- Felony Statement

Section 15- Owner Signature

- Print the license owner's name in the space provided.
- Print the license owner's title in the space provided.
- Enter the date in the space provided.
- The license owner must sign in the space provided.
- The signature must be verified by a notary public.

Department Application Procedures

After submitting your training program application, it will be reviewed by Department staff for completeness, accuracy and legibility. You will be contacted if the application is incomplete or additional information is required. Once complete, an EMS Administrator will then be assigned to conduct an initial inspection of your files, equipment and facility. Upon receipt of the EMS Administrator's inspection report your license will be mailed to the address of record. Information regarding your training program application may be obtained by calling (405) 271-4027.

Oklahoma State Department of Health
 Protective Health Services
 Emergency Systems/EMS Division
 123 Robert S. Kerr Ave suite 1702
 Oklahoma City, OK 73102-6406
 Telephone: (405) 426-8480
 Fax: (405) 900-7560

Training Program Agency Application Checklist (Office use)

Date application received: _____ Date completed application received: _____

Reason for application: Initial ___ Amended ___ Update ___ Other _____

Agency Name: _____

Scheduled for Inspection: ___ Date: _____ (or attach Aspen Report)

Section	Content	Regulation (O.A.C.)	Complete (Yes/No)
1	Type of Application		
2	Business Information	310:641-7-11	
3	Medical Director	310:641-7-11 (a) (5)	
4	Level of Training	310:641-7-11 (a) (2)	
5	Type of Owner		
6	Hours of Operation	310:641-7-11 (b) and 7-25 (b)	
7	Additional Documents to be returned with application		
	Student grievance/appeal policy	310:641-7-11 (a) (6)	
	List of instructors and credentials	310:641-7-11 (a) (7)	
	Clinical agreements	310:641-7-11 (a) (8)	
	Inventory of equipment and supplies	310:641-7-11 (a) (9)	
	Course plans	310:641-7-11 (a) (10)	
	Additional site applications	310:641-7-11 (a) (11)	
	Policy to address lapse in Medical Direction	310:641-7-11 (c) (1)-(2)	
Minimum attendance policy	310:641-7-11 (d)		
	NREMT Coordinator	310:641-7-11 (e)	
8	Curriculum	310:641-7-16	
9	Instructor requirements	310:641-7-20	
10	Course Approval	310:641-7-15	
11	Type of Entity		
12	Indirect ownership		
13	Mortgagee		
14	Corporation officers/Directors/Corporation Officers		
15	Other ownership or controlling interests- (Boards or Councils)		
16	Felony Statement		
17	Owner/Authorized Person Signature		

Oklahoma State Department of Health
 Protective Health Services
 Emergency Systems/EMS Division
 123 Robert S. Kerr Ave suite 1702
 Oklahoma City, OK 73102-6406
 Telephone: (405) 426-8480
 Fax: (405) 900-7560



OKLAHOMA
 State Department
 of Health

Training Program Application
READ "Instruction Booklet for Details"

SECTION 1 – TYPE OF APPLICATION (Print or Type)		
Date of Application _____ Purpose: Initial ____ Amended ____ Update _____ License No: _____		
SECTION 2 – BUSINESS INFORMATION (O.A.C.310:641-7-11)		
Training Program Name: _____		
Mailing Address: _____		
		City _____ State _____ Zip Code _____
Physical Address: _____		
		City _____ State _____ Zip Code _____
Record Retention Address: _____		
		City _____ State _____ Zip Code _____
Business Telephone: _____ Fax: _____ email: _____		
Program Administrator: (include credentials and C/V) Name: _____		
Program Coordinator: (include credential and (C/V) Name: _____		
(include contact information for Administrator and Coordinator, to include email)		
SECTION 3 – MEDICAL DIRECTOR (O.A.C. 310:641-7-11 (a) (5))		
<input type="checkbox"/> Name of Medical Director; <input type="checkbox"/> Curriculum Vitae or Resume which includes address, telephone number, fax number and an electronic-mail address; <input type="checkbox"/> a copy of Oklahoma State medical license, <input type="checkbox"/> (a copy) Oklahoma Bureau of Narcotics and Dangerous Drugs registration (with) expiration date		
SECTION 4 – LEVEL OF TRAINING (O.A.C. 310:641-7-11 (a) (2))	SECTION 5 – TYPE OF OWNER	Section 6 - HOURS OF OPERATION (O.A.C. 310:641-7-11 (b) and 7-25 (b))
EMT (includes EMR) _____	Not for Profit- Private _____	(When will the records be available for review)
AEMT _____	For Profit - Private _____	Days of week: _____
PARAMEDIC* _____	Oklahoma Tech Center _____	Hours of the day: _____
(include Letter of Review or CoAEMSP accreditation required)	Oklahoma 2-year College _____	
	Oklahoma 4-year College _____	
	Licensed/Certified Agency _____	
	Other: _____	
	Describe: _____	
SECTION 7 – ADDITIONAL DOCUMENTS TO BE RETURNED WITH APPLICATION (O.A.C. 310:641-		
<input type="checkbox"/> Copy of the student grievance/appeal policy: -7-11 (a) (6)) <input type="checkbox"/> List of instructors with individual resume and instructor documentation or credentials: -7-11 (a) (7)) <input type="checkbox"/> Copies of all current agreements for clinical experience locations required to conduct courses: 7-11 (a) 8)) <input type="checkbox"/> Copies of inventory of equipment and supplies: 7-11 (a) (9)) <input type="checkbox"/> Copies of course plans (syllabi and curriculum objectives: 7-11 (a) (10)) <input type="checkbox"/> Site applications for additional sites of instruction with required attachments: 7-11 (a) (11)) <input type="checkbox"/> Copy of plan or policy to address a sudden lapse of medical direction: 7-11(c) (1) and (2)) <input type="checkbox"/> Copy of the minimum attendance policy: 7-11 (d)) <input type="checkbox"/> For EMT-programs, the name of National Registry Coordinator: 7-11 (e))		

Section 8 – INSTRUCTOR REQUIREMENTS (O.A.C. 310:641-7-20))

(a) (1) A registry of approved emergency medical services instructors shall be maintained by the Department. Each instructor candidate shall submit to the Department an application for initial instructor certification. The application shall be on forms provided by the Department and accompanied by current documentation of qualification. This application shall constitute authorization for any inspection or investigation by the Department.

SECTION 9 – TYPE OF ENTITY

- _____ Government Ownership (City, State or Federal) – Give Description: _____
- _____ Sole Proprietorship. List name of owner: _____
- _____ Partnership. List partners: _____
- _____ Corporation. Name of corporation: _____
- _____ Disclosing entity received money from, or contracts with other entities, boards, or councils
Give '522' district name: _____
- _____ Other (Specify): _____

SECTION 10 – INDIRECT OWNERSHIP (if applicable)

List the names and addresses of individuals, organizations or other entities having a direct or indirect ownership interest(s), separately or in combination, amounting to an ownership interest of 5% or more in the DISCLOSING ENTITY.

NAME	ADDRESS
_____	_____
_____	_____

SECTION 11 – MORTGAGEE (if applicable)

List the names and addresses of individual, organizations or other entities having an interest in the form of the mortgage, or other obligation, secured by disclosing entity (equal to at least 5% of the assets).

NAME	ADDRESS
_____	_____
_____	_____

SECTION 12 – CORPORATION OFFICERS / DIRECTORS (if applicable)

If the disclosing entity is a CORPORATION, list the names, titles and addresses of the officers and directors.

OFFICERS NAME	TITLE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 15 – OTHER OWNERSHIP OR CONTROLLING INTERESTS (Boards or Councils) (if applicable)

If the disclosing entity is an Ambulance District Board established by Title 19 or Article X Section 9 C of the Oklahoma Constitution, received money from an Ambulance District Board, a city, a county, a council, School Board or Office of Regents, or any other entity, list the names, titles, and addresses of the officer, directors, commissioners, council, board members, etc.

Name: _____ Position: _____ Ownership %: _____

Address: _____ Contact Number: _____

Name: _____ Position: _____ Ownership %: _____

Address: _____ Contact Number: _____

SECTION 16 – FELONY STATEMENT

Has any owner, principal, officer, or director been convicted of a felony? Yes ____ No ____.
If yes, please indicate details on a separate peace of paper.

SECTION 17– OWNER / AUTHORIZED PERSON SIGNATURE

I hereby certify that all information is complete and that all information to this report and supplemental attachments is true and correct to the best of my knowledge. The party or parties who sign this application shall be considered the owner agency (certificate holder) and responsible for compliance of the Act and rules.

Print Name Title Date Signature

Signed before this _____ day of _____. My Commission Expires: ____/____/_____

Notary public

Oklahoma State Department of Health
 Protective Health Services
 Emergency Systems/EMS Division
 123 Robert S. Kerr Ave suite 1702
 Oklahoma City, OK 73102-6406
 Telephone: (405) 426-8480
 Fax: (405) 900-7560

Training Program Instructor Roster (O.A.C. 310:641-7-11 (a))

(7) Instructions: List all personnel providing EMS instructor at all sites within the training program. Please list the names in alphabetical order. Please type or print only.

Training Program Name: _____ Date: ____/____/____

Person Providing the Information: _____ Title: _____

Name (Last, First and Middle Initial) Level of License email

Address OK License Number & expiration date Full/Part Time

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

Oklahoma State Department of Health
 Protective Health Services / Emergency Systems

OSDH Training Program Instructor
 Roster February 2021

Name (Last, First and Middle Initial) Level of License SSN

Address

OK License Number & expiration date Full/Part Time

9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		

Signature

____/____/____
Date

Oklahoma State Department of Health
Protective Health Services / Emergency Systems

OSDH Training Program Instructor Roster
February 2021

Oklahoma State Department of Health
Protective Health Services
Emergency Systems/EMS Division
123 Robert S. Kerr Ave suite 1702
Oklahoma City, OK 73102-6406
Telephone: (405) 426-8480
Fax: (405) 900-7560

TRAINING PROGRAM OFF CAMPUS SITES

Do you have training site/classrooms positioned at locations other than the address of record? YES ___ NO ___

If, yes please list the address and physical location, if different from the address of the sites/classrooms. Make additional copies of this page if necessary.
(NOTE: If the substation is not contiguous to your licensed service area a separate license will be required)

Off Campus Training Site	Address	City	Phone Number at Training Site