



# Training Program Renewal Application

Your completed application must include:

1. Completed Renewal Form
2. Required Documents
  - ☐ A list of Instructors and Educators working for your Program
  - ☐ A list of hospitals and/or ambulance services your program has clinical agreements with
  - ☐ Copies of all current agreements for clinical experience locations required to conduct courses
    - o Copies of inventory of equipment and supplies
  - ☐ Copies of current training site's locations
  - ☐ Previous three (3) years of benchmark data to include:
    - o NREMT cumulative pass rates in three attempts
    - o student retention based on the program policies
  - ☐ Off Campus Sites (form):
  - ☐ Distance Learning (this is NOT considered "online education")
  - ☐ Distributive Education
  - ☐ Online Education

## Section 1: Business Information

Training Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Number: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street	City	State	Zip Code	County
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☐ (if same) Mailing Address: \_\_\_\_\_

Street	City	State	Zip Code	County
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☐ (if same) Record Address: \_\_\_\_\_

Street	City	State	Zip Code	County
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Program Administrator: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Curriculum Vitae

Program Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_

□ Curriculum Vitae

## Section 2: Business Hours

Time: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

### Section 3: Program Administrator Signature

This application form must be signed by an authorized applicant. Signature on the license application indicates an understanding that the signee is a responsible party for compliance with rule and law. I attest that the foregoing is true and correct to the best of my knowledge.

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email the application and supporting documents to: [esystems@health.ok.gov](mailto:esystems@health.ok.gov)