



COURSE NOTIFICATION FOR LICENSED TRAINING INSTITUTIONS

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 60091 (1/2021)



This form is to be used by licensed EMS Training Institutions only. This is a notification to the Division of Emergency Medical Systems for tracking purposes. Written approval will not be received from the Division.

Today's Date		Course Number	
Training Institution License Number		Level of Course	
Open Course	Closed Course	Course Start Date	Course End Date
Primary Instructor 6 Digit State ID Number		Primary Instructor Name	
Physical Location of Course			
Address		City	State
			ZIP Code

Clinical Internship Sites

Field Internship Sites

Post on DEMS Website:	Yes	No
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If you would like the course to be listed on the DEMS website, the following information must be supplied.

If course type is marked as closed it **will not** be posted on the DEMS website and the below information is not required.

Contact Person								
Telephone Number				Email Address				
Course will be held on: (Check all that apply)	Sun	M	Tu	W	Th	F	Sa	Meeting Time



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