

# BREMSS / AHA ECC TRAINING CENTER

## INTENT TO PROVIDE TRAINING FORM

In order to receive AHA ECC cards at no cost to BREMSS EMS Providers, the following form must be completed and approved **15 days** prior to the intending training date. No cost cards will only be provided to personnel actively associated with a BREMSS EMS agency.

**Course to be presented:**

BLS Provider

ACLS Provider

PALS Provider

**Course Dates/Times:** \_\_\_\_\_

**Course Location:** \_\_\_\_\_

**Course Director/Lead Instructor:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Office** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EMS Agency Training Director:** \_\_\_\_\_

**Number of prospective students (Attach prospective roster):** \_\_\_\_\_

**Will you have sufficient faculty to observe AHA recommended instructor/student ratios?** Yes  No  (Attach explanation)

**What is your plan for assuring appropriate equipment availability and maintaining AHA recommended student/manikin ratios?**

All necessary equipment is available at this site

Anticipate loan of equipment from BREMSS (Attach list of needed items)

**BREMSS use only:**

Discount Code: \_\_\_\_\_

*Please select invoice when submitting roster.*

1. Form Receipt Date: \_\_\_\_\_

3. Course Approval Date: \_\_\_\_\_

2. Course Approval: \_\_\_\_\_

4. Course Notification Sent: \_\_\_\_\_

Course Completion Received: \_\_\_\_\_ Course Cards Sent: \_\_\_\_\_

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## INTENT TO PROVIDE TRAINING ROSTER

Please complete the course roster or attach a copy of your agency's roster.

Agency: \_\_\_\_\_ County: \_\_\_\_\_ Lead Instructor: \_\_\_\_\_

	Name	Email Address	EMSP Level (if applicable)
1			
2			
3			
4			
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