



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 and emailed to bremssctc@uab.edu. No cost cards will only be provided to personnel actively associated with a BREMSS EMS agency.

Course to be taught:

BLS Provider ACLS Provider PALS Provider PEARS Provider

Course Date(s)/Time(s) : _____

Course Location: _____ **County:** _____

Course Director/Lead Instructor: _____

Phone Number: (____) ____ - ____ **Email Address:** _____

EMS Agency Training Director: _____

Number of Prospective Students (Fill out attached roster below): _____

Will you have sufficient faculty to observe AHA recommended instructor/student ratios? (6 students, 2 manikins, 1 instructor – 6:2:1) Yes No

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)

WHEN SUBMITTING THE ROSTER IN THE BREMSS INSTRUCTOR PORTAL, PLEASE SELECT INVOICE IN THE PAYMENT AREA AND TYPE IN YOUR CODE PROVIDED BELOW TO MAKE THE TOTAL \$0.

BREMSS Use Only:

_____ **Discount Code**

Form Receipt Date: _____

Course Approval Date: _____

Approved by: _____

Course Approval Sent: _____

Course Completion Date _____

Course Cards Emailed: _____



INTENT TO PROVIDE TRAINING ROSTER

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

Agency: _____ County: _____

Lead Instructor: _____ Email: _____

Assistant Instructor(s): _____

	Name	Email Address	Cell Phone #	EMSP Level
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