

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:

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			
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