



New Hampshire Department of Safety

Division of Fire Standards and Training & Emergency Medical Services

BUREAU USE ONLY

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New Hampshire Bureau of EMS Educational Training Agency Application

<input type="checkbox"/> Initial License (1 Year)		<input type="checkbox"/> Renewal License (3 Years)	
Section 1: General Information			
Legal Name (as listed with the NH Secretary of State):		License #: (if renewal)	
Physical Address:	Street:		
	Town/City:	State:	Zip:
Mailing Address:	Street:		
	Town/City:	State:	Zip:
Phone Number:		Fax Number:	
Email Address:			
Business Email:			
Website:			
Section 2: Type of Organization			
<input type="checkbox"/> Government/Municipal		<input type="checkbox"/> Private (For-Profit)	
		<input type="checkbox"/> Private (Not-For-Profit)	
Section 3: Owner Information			
Name:		Title:	
Mailing Address:	Street:		
	Town/City:	State:	Zip:
Phone Number:			
Email Address:			
Section 4: Education Director Information			
Name:		Title:	
Level of Licensure:		I/C License Number:	
Mailing Address:	Street:		
	Town/City:	State:	Zip:
Phone Number:			
Email Address:			
Section 5: Medical Director Information			
Name:		Specialty:	
Mailing Address:	Street:		
	Town/City:	State:	Zip:
Phone Number:			
Email Address:			

Must submit a copy of written and signed agreement between ETA and Medical Director.

Section 6: Training Programs (Mark all levels of EMS initial programs applying for)

<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> AEMT	<input type="checkbox"/> Paramedic
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Section 7: Proof of Insurance

Name of Insurance Company:

Must submit a copy of ETA's current General and Professional Liability Insurance binder.

Section 8: Faculty/Instructional Staff

Must submit a list to include Faculty/Instructional Staff Name and EMS I/C or Instructor License Number.

Section 9: Resources/Supporting Documents

Please submit additional pages as needed.

Section 9a: Mission Statement

Must submit evidence of the organization mission statement.

Section 9b: Education Director Job Description

Must submit evidence of the education director job description.

Section 9c: Medical Director Job Description

Must submit evidence of the medical director job description.

Section 9d: Faculty/Instructional Staff Job Description

Must submit evidence of the faculty/instructional staff job description.

Section 9e: Subject Matter Expert/Guest Lecturer Vetting Process

Must submit evidence of the subject matter expert/guest lecturer vetting process.

Section 9f: Program Syllabus

Must submit evidence of the program syllabus for all disciplines taught.

Section 9g: Clinical Affiliation Agreements

Must submit evidence of all clinical affiliation agreements and associated supporting materials.

Section 9h: Equipment & Supplies

Must submit evidence of all equipment and supplies for each discipline taught.

Section 9i: Learning Environment

Must submit evidence of the promotion of an interactive learning environment for all students.

Section 9j: Student Evaluation

Must submit evidence of the promotion of a student evaluation process.

Section 9k: Student Assessment

Must submit evidence of the student assessment process.

Section 9l: Program Evaluation

Must submit evidence of the promotion of a program evaluation process.

Section 9m: Publications and Disclosures

Must submit evidence of all processes related to publication and disclosures used to communicate to students.

Section 9n: Lawful and Nondiscriminatory Practices

Must submit evidence of the process used to support fair and equitable access to programs.

Section 9o: Recordkeeping

Must submit evidence of the process to maintain program records.

Section 9p: General Course Management

Must submit evidence of the processes on course/program management.

SIGNATURES & ATTESTATION

By signing the EMS Educational Training Agency Application form, I certify that the information provided in the application is complete, truthful, and correct, under the penalties of unsworn falsification pursuant to RSA 641:3. The educational training agency complies with RSA 153-A and these rules. The educational training agency understands that falsification of information may result in denial of licensure. I also attest that I currently have and will continue to maintain the necessary and required resources throughout the licensure period. I further understand that I am subject to announced or unannounced auditing and site visits at any time. I also attest that I will notify the Division of Fire Standards and Training & Emergency Medical Services with any/all substantive changes related to program and course processes and operations.

Printed Name of ETA authorized signer:

Signature of ETA authorized signer:

Date signed: