



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

REQUEST FOR EMS TRAINING OFFSITE LOCATION

ACCREDITED OR APPROVED INSTITUTION		ACCREDITATION OR APPROVAL #	
ADDRESS			
CITY	STATE	ZIP	COUNTY
Offsite request pertains to the following training levels; (Check all that apply) <input type="checkbox"/> Emergency Medical Responder (EMR) <input type="checkbox"/> Emergency Medical Technician (EMT) <input type="checkbox"/> Advanced Emergency Medical Technician (AEMT) <input type="checkbox"/> Paramedic <input type="checkbox"/> Instructor <input type="checkbox"/> Continuing Education			
DESCRIBE TRAINING TO BE CONDUCTED OFFSITE			
LOCATION OF OFFSITE TRAINING			
ADDRESS			
CITY	STATE	ZIP	COUNTY
CONTACT NAME	TELEPHONE	E-MAIL	

As the program director, I attest that the offsite location listed above meets all the standards for accreditation and continuing education (CE) site approval set forth in rule 4765-7-05 of the Ohio Administrative Code (OAC) and that all courses shall be conducted in accordance with the requirements set forth in rules 4765-7-02, 4765-7-09, and 4765-7-11 of the O.A.C.

PROGRAM DIRECTOR NAME	E-MAIL
PROGRAM DIRECTOR SIGNATURE X	DATE

Please E-MAIL To: EMSEducation@dps.ohio.gov