

## Post-Class Notice of Initial EMS Training

**POST-CLASS NOTICE MUST BE SUBMITTED TO THE FLORIDA DEPARTMENT OF HEALTH BUREAU OF EMERGENCY MEDICAL OVERSIGHT, EMS@flhealth.gov, WITHIN 14 DAYS OF CLASS COMPLETION DATE.**

**Section I:**

EMS Training Program Name: \_\_\_\_\_

School Code: \_\_\_\_\_

Class Type:  Emergency Medical Technician  Paramedic \_\_\_\_\_

Campus Location: \_\_\_\_\_

Program Director: \_\_\_\_\_

Start Date of Class: \_\_\_\_\_

End Date of Class: \_\_\_\_\_

Class Number (3-digit class type "EMT" or "PMD" - 4-digit year- 4-digit school code- 4-digit class number) (example: EMT-2023-0107-0002):

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**Section II: Class Instructors**

Name of EMS Training Class Coordinator	Certification Number of Class Coordinator

Instructors for courses (include all instructors, including subject matter experts [SMEs]):

Name of Course Instructor(s) or Subject Matter Expert(s)	EMT or Paramedic Certification Number of course Instructor (If applicable)	Provide the name of the course taught by the instructor and course numbers. (Must match course names and numbers submitted in DH Form 1698 Application for Approval of an EMS Training Program.)


**Section III**

**Enrolled Students:**

**Primary reason for not completing the class. Check all that apply. Leave blank for completed students.**

	<b>Name of Student</b>	<b>NREMT EMSID</b>	<b>Successful Class Completion? Yes/No</b>	<b>Academic</b>	<b>Attendance</b>	<b>Disciplinary</b>	<b>Financial</b>	<b>Other</b>
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<b>Program Director's Signature:</b>
<b>Date:</b>