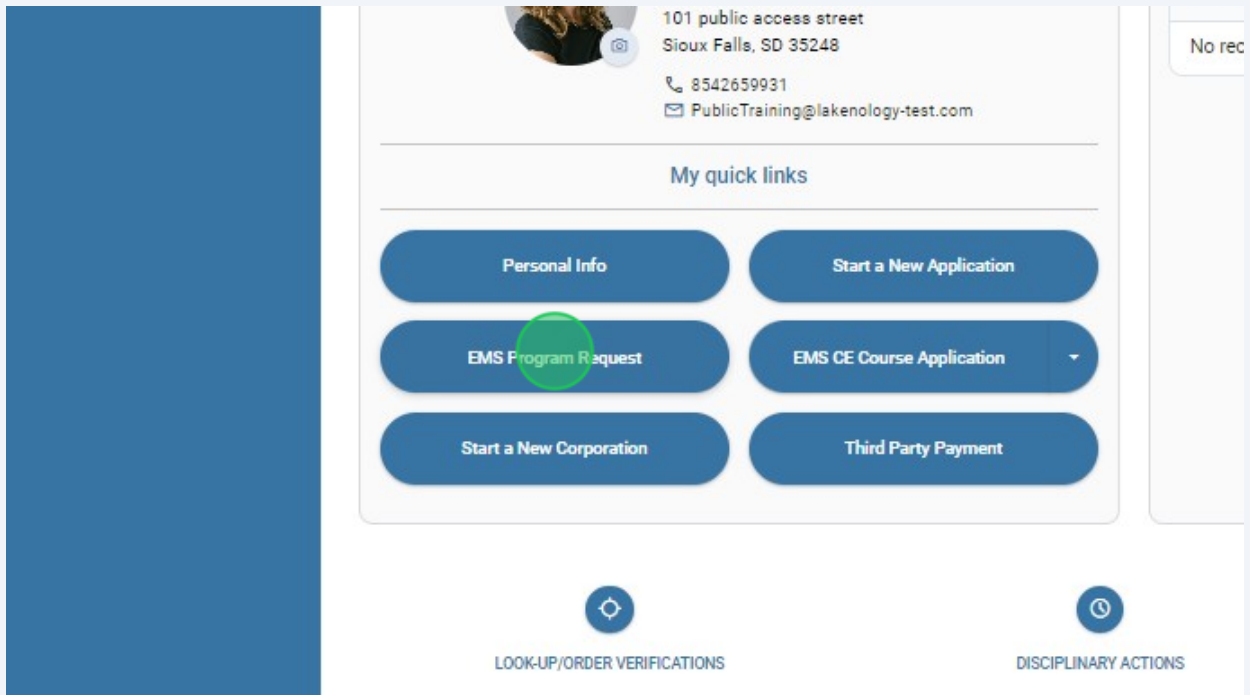


# Public Access: EMS Program Request

1 Navigate to your dashboard. Click "**EMS Program Request**"



2

Use the **dropdown arrow** to select the level of training. Click "EMT". Enter all required fields. Use the **date picker** (Calendar icon) for start and end dates if desired or type it in yourself.

SDBMOE Licensee

EMS Progra

Level of Training: EMT

Program Name: QI

Address: EMR

City: EMT

Postal Code: AEMT

Start Date: Paramedic

End Date:

Program Coordinator:

Name:

Email:

3

Enter program coordinator information and enter a physician name. **Do Not use the "Select Physician" button** as physicians are not available for lookup at this time. To add additional instructors, Click "**Add Instuctor**"

End Date: 09/30/2024

Program Coordinator:

Name: John Adams Professional title: EMT Professional

Email: johndams@gmail.com

Program Instructors:

Physician: Jason Paul Richard

Other Instuctors:

Program outline:

Program Documentation:

Medical Director:  Same as the physician

Name:  Professional title:

4

Enter instructor information. Click "**Upload proof of instructor's level of licensure**" and choose a file from your computer.

Form fields for instructor information:

- Name: [Empty]
- Professional title: EMT Professional
- Email: ams@gmail.com
- Physician: Paul Richard (with **Select Physician** button)
- Instructor: Will Brown (with **Add Instructor** button)
- Specialty: Basic Life Support
- Upload proof of instructor's level of licensure (button highlighted with a green circle)
- Upload proof that the program meets the NREMT standard requirements (button)
- Same as the physician (checkbox)
- Name: [Empty]
- Professional title: [Empty]

5

Click "**Upload proof that the program meets the NREMT standard requirements**" and choose a file from your computer. The file name appears below the button with the ability to delete and replace.

Form fields for program details:

- Program Instructors:
  - Physician: Jason Paul Richard (with **Select Physician** button)
  - Other Instructors: **Add Instructor** button
  - Will Brown (with Name field and Basic Life Support specialty)
- Program outline: Example of program outline.
- Program Documentation:
  - Upload proof that the program meets the NREMT standard requirements (button highlighted with a green circle)
  - Uploaded: Dummy Word Doc - EMT.docx (with delete and replace icons)
- Medical Director:
  - Same as the physician (checkbox)
  - Name: [Empty]
  - Professional title: [Empty]
- Clinical Supervisor:
  - Name: [Empty]
  - Professional title: [Empty]
- Students:
  - Upload proof that the students accepted to the program meet the NREMT criteria (button)

6

Click "**Same as Physician**" box if the medical director is the same as the Physician name entered. Click "**Upload proof that the students accepted to the program meet the NREMT criteria**" and choose a file from your computer. Click "**Submit**" to send program request to an SDBMOE Administrator to review

Example of program outline.

Upload proof that the program meets the NREMT standard requirements  
Uploaded: Dummy Word Doc - EMT.docx

Same as the physician

Jason Paul Richard Professional title: Physician

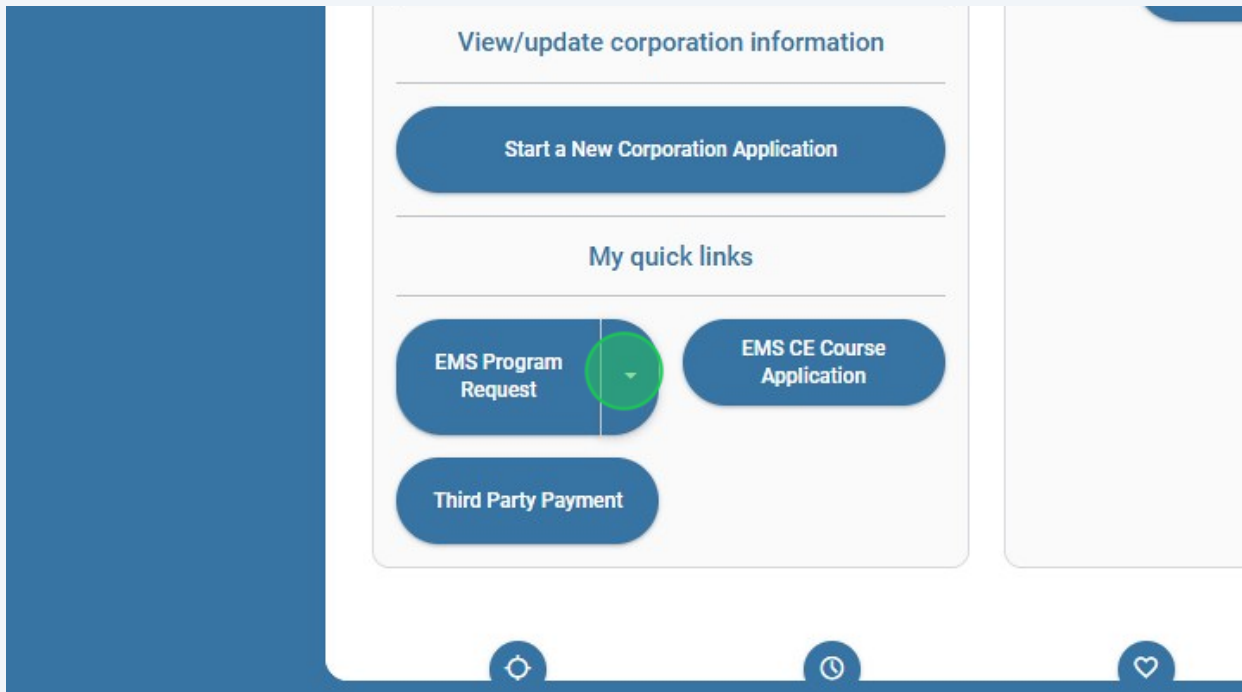
Farah Jones Professional title: Clinical Supervisor

Upload proof that the students accepted to the program meet the NREMT criteria  
Uploaded: Dummy Word Doc - EMT.docx

Submit Close

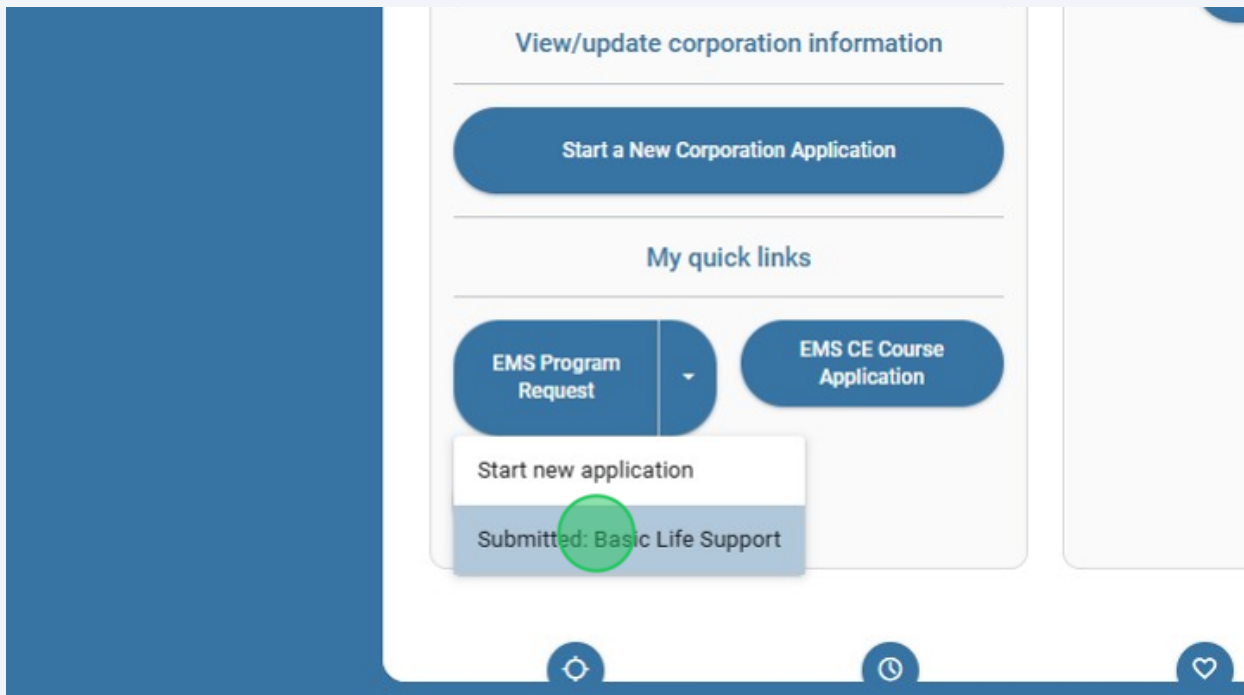
7

To view the program request submitted, Click the dropdown arrow next to **EMS Program Request**. from the dashboard.



8

If you submitted more than one request, it will appear here in this list until it has been approved. Click "**Submitted: Basic Life Support**" to view your request



9


Review your request. Use the scroll bar to see all information submitted. Click any **pdf icon** to view an uploaded document. Click "**Close**" to exit.

Status:	Submitted		
Level of Training:	EMT		
Program Name:	Basic Life Support		
Address:	2356 islander Way		
City:	Davie	State:	FL
Postal Code:	33331		
Start Date:	06/28/2024		
End Date:	06/28/2024		
<hr/>			
Program Coordinator:			
Name:	Patti Lynn Barney	Professional title:	EMT Coordinator
Email:	patti.barney@lakenology.com		
<hr/>			
Program Instructors:			
Physician:	Roland Achmad		
Other Instructors:			
Name:	Jason Paul Richard	CPR and defibrillators	ALS Current request page.pdf

**10** If you need to cancel your request, Click "**Cancel**".

Click "**YES**" to confirm **Are you sure you want to cancel this EMS Program Request?**

Program outline: topic 1 - xxx topic 2- YYY topic 3- everything else

Program Documentation:  Uploaded: AD License hard copy.pdf

Medical Director:


Name: Roland Achmad

Professional title: Physician

Clinical Supervisor:

Name: Jack Rosier

Professional title: Clinic Administrator

Students Documentation:  Uploaded: SDBMOE Education-Transcript.pdf

