



EMS Education Program
Course Registration Number (CRN)
Request Form

Date of Request:

Type: Initial Transition

Level: EMR EMT AEMT Paramedic

Enrollment: Open Closed

Course Start Date:

Course End Date:

Education Program Name:

Program Director Name:

Primary Instructor:

Course Physician Name:

***Please submit completed form to the Idaho Bureau of EMS & Preparedness via
Email to emscourses@dhw.idaho.gov or fax form to (208) 334-4015***