MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES

TRAINING ENTITY ACCREDITATION APPLICATION

FOR DOH OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

☐ **INITIAL ACCREDITATION**	**TRAINING ENTITY ACCRED NO.** ☐☐☐☐☐☐	**DATE PASSED REVIEW** ☐☐ ☐☐ ☐☐
☐ **REACCREDITATION**	**DATE APPLICATION REC'D** ☐☐ ☐☐ ☐☐	**ISSUE DATE** ☐☐ ☐☐ ☐☐
INSPECTOR ASSIGNED _____	**DATE INSPECTOR ASSIGNED** ☐☐ ☐☐ ☐☐	**EXPIRATION DATE** ☐☐ ☐☐ ☐☐
	DATE OF FIRST INSPECTION ☐☐ ☐☐ ☐☐	

APPLICANT MUST COMPLETE INFORMATION BELOW ***TYPE OR PRINT***

1. TRADE NAME OF TRAINING ENTITY	**DAYTIME TELEPHONE NO.**
	( )
TRAINING ENTIITY BUSINESS ADDRESS *(STREET, ROUTE, CITY, STATE, ZIP)*	

2. TYPE OF ACCREDITATION APPLIED FOR (check all that apply)

☐EMT-B ☐EMT-B CEU ☐EMT-P ☐EMT-P CEU ☐FIRST RESPONDER ☐EMERGENCY MEDICAL DISPATCH

3. PROGRAM DIRECTOR

NAME *(LAST, FIRST, MI)*	TELEPHONE NUMBER ( )
MAILING BUSINESS ADDRESS *(STREET, ROUTE, ETC.)*	FAX NUMBER ( )
CITY STATE ZIP CODE	E-MAIL

4. MEDICAL DIRECTOR

NAME *(LAST, FIRST, MI)* ☐ M.D. ☐ D.O.		
MAILING ADDRESS *(STREET, ROUTE, ETC.)*		OFFICE TELEPHONE NUMBER ( )
CITY STATE ZIP CODE	E-MAIL	FAX NUMBER ( )

I HEREBY CERTIFY that I am aware of the qualification requirements and the responsibilities of an accredited training entity medical director and I agree to serve as medical director.

SIGNATURE OF MEDICAL DIRECTOR	DATE

I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge. I further certify that the above named Training Entity has both the intention and the ability to comply with the regulations promulgated under the Comprehensive EMS Act, Chapter 190, RSMo 1998.

I have attached all training entity licensure and related administrative licensure actions taken against this training entity or owner by any state agency in any state.

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF TRAINING ENTITY LICENSEE	DATE

WARNING; In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor. Missouri statutes 575.060.

Mail Application to: Bureau of Emergency Medical Services, P.O. Box 570, Jefferson City, MO 65102