



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 UNIT OF EMERGENCY MEDICAL SERVICES
PROGRAM ANNUAL REPORT

FOR THE YEAR 2013

The following information must be submitted to the Unit of EMS annually in accordance with 19 CSR 30-40.331 (I)(6).

NAME OF TRAINING ENTITY	ACCREDITATION NUMBER
ADDRESS	PHONE
	FAX

NAME OF PROGRAM DIRECTOR

TYPE OF COURSE & LOCATION IF OFF-SITE (Use additional forms if necessary)	NO. OF COURSES OFFERED	NO. OF STUDENTS STARTED TRAINING	NO. OF STUDENTS SUCCESSFULLY COMPLETING TRAINING
EMERGENCY MEDICAL DISPATCH			
FIRST RESPONDERS			
EMERGENCY MEDICAL TECHNICIAN-BASIC			
EMERGENCY MEDICAL TECHNICIAN-REFRESHER			
EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC			
EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC REFRESHER			
CONTINUING EDUCATION			

AFFIDAVIT OF PROGRAM DIRECTOR

I hereby certify that the principal officers and medical director of this training entity remain the same as on the original application; or if any changes have occurred since the original application, the names of the new officers and/or medical director are indicated on the attached forms [Change of Medical Director MO 580-2349 (R7/05) or Change of Manager MO 580-2384 (5/04)].

_____ DATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF TRAINING ENTITY

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.