ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

Training Program Application

Pursuant to Arizona Administrative Code ("A.A.C.") R9-25-301(B), to apply for certification as an Arizona training program, an applicant shall submit this application to the Department.

Pursuant to Arizona Revised Statute §41-1030:

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Applicant's Name	
Applicant's Address	
Applicant's Telephone Number	

Applicant's Chief Administrative Officer Name	
Applicant's Chief Administrative Officer Telephone Number	
Applicant's Chief Administrative Officer E-Mail Address	

☐	EMT Course, defined in A.A.C R9-25-305(A)
☐	EMT Refresher, defined in A.A.C R9-25-305(C)
☐	EMT Challenge Exam, defined in A.A.C R9-25-305(D)
☐	Advanced EMT Course, defined in A.A.C R9-25-305(A)(4)
☐	Intermediate '99 to Paramedic Transition Course, defined in A.A.C R9-25-305(B)
☐	Paramedic Course, defined in A.A.C R9-25-305(A)(4)(c)
☐	ALS Refresher, defined in A.A.C R9-25-305(E)
☐	ALS Challenge Exam, defined in A.A.C R9-25-305(F)

☐	By marking the box on the left as the applicant listed herein, I hereby attest that as the training program has the equipment and facilities that meet the requirements established according to Arizona Revised Statute ("A.R.S.") § 36-2204 and available through the Department at www.azdhs.gov for the courses specified above.

Training Program Medical Director Name	
Training Program Medical Director Telephone Number	
Training Program Medical Director E-Mail Address	

Training Program Director Name	
Training Program Director Telephone Number	
Training Program Director E-Mail Address	

☐	By marking the box on the left as the applicant listed herein, I hereby attest that this training program will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25.

☐	By marking the box on the left as the applicant listed herein, I hereby attest that all information required as part of the application has been submitted and is true and accurate.

Mark ☐ e-signature Here	Enter Submission Date Here	As prescribed in A.A.C. R9-25-301(B)(9), please complete this section by marking the electronic signature box to the left, or affixing the signature of the applicant's chief administrative officer or the chief administrative officer's designated representative below. _____ **Chief Administrative Officer Signature (or Designee)**

Please submit this application with all applicable documents and information as required in rule. If you do not have Internet access, please contact the Bureau of Emergency Medical Services at the telephone number listed below to request a copy of the rules.

This application is not considered completed until all required documents and information have been submitted to the Department. This application will be returned if any corrections are made using correction fluid or correction tape. If an error is made while filling out this application, put a single line through the error and initial it. Please remit the completed application to:

Arizona Department of Health Services
Bureau of Emergency Medical Services & Trauma System
150 N. 18th. Avenue, Suite 540,
Phoenix, Arizona 85007
(602) 364-3150 or 1-800-200-8523