



**EMERGENCY MEDICAL DISPATCH
COURSE REQUEST**

North Dakota Chapter of APCO

Emergency Medical Dispatch Protocol System 2024

Type or print clearly. This request must be completed by the Agency needing EMD NO LATER THAN 3 WEEKS PRIOR TO THE REQUESTED CLASS DATES. Please keep a copy for your records.

Agency Requesting EMD Course			
Agency Address	City	State	Zip Code
Agency Contact Name	Agency Contact Email		Total Attendees
Approximate Class Dates Requested		Meeting Time Requested	
Preferred Instructor			
I am requesting: EMD Full Class EMD Refresher			
<p>I, the Agency Administrator or designated Agency Contact Person acknowledge I am requesting a ND Chapter of APCO EMD Class. I understand by requesting the class I am committing to providing adequate space to host the class. I acknowledge ND Chapter of APCO will notify all certified ND APCO EMD Instructors of this course request and I am not guaranteed my preferred instructor. ND APCO EMD Instructors are subject to their own availability and willingness to teach a course, required travel may also be a contributing factor in who my instructor is. I acknowledge the ND APCO Instructor chosen to instruct my course will be in contact with me to make needed arrangements for my requested course.</p>			
Requesting Agency Signature		Date	

ND CHAPTER OF APCO EMD COMMITTEE CHAIR WILL NOTIFY THE AGENCY CONTACT LISTED OF THE RECEIVED COURSE REQUEST AND WHICH INSTRUCTOR WILL BE IN TOUCH WITH YOU TO ARRANGE EMD COURSE WITHIN 14 DAYS OF REQUEST.

For ND APCO Use Only:

Instructor assigned to course request

This form may be completed and emailed to:

North Dakota Chapter of APCO
EMD Committee Chair
Brandy Dahlin
bldahlin@nd.gov

More Information can be found at
www.northdakota911.com under ND APCO
Questions? Please Email ndapco1@gmail.com