

Region I NCCR-2526 Outline Training Application (AEMT)

Program Coordinator: _____ **Email:** _____

Course Address: _____ **Phone:** _____

Lead Instructor: _____ **Sponsoring Institution:** _____

The Program Coordinator or Instructor hereby affirms that the information on this application is true and correct and that the courses listed below will conform to NCCR Education Guides as published by the National Registry in Spring 2025

Signature: _____ **Date** _____ **Program Start Date:** _____

*No program can begin or be advertised as approved prior to receiving an OEMS approval number per 105 CMR 170.960(F).

➔ **Please circle your preference:** Bundled Number Individual Numbers Session Numbers *(provide separate sheet listing modules in each Session)*

APPROVAL NUMBER(S) FORMAT: 2526- __R_____ -T__

Entire Approval Number(s) must appear on certificates of attendance

PER NREMT, 10 % of NCCP course must include pediatric content: 2.5 hours

OEMS #	Title of Course	Credits	Instructor
NCCR:	National Continued Competency Requirements	(25 total)	
	MAIN TOPIC: AIRWAY 5 hours		
	MAIN TOPIC: CARDIOLOGY 6 hours		
	MAIN TOPIC: TRAUMA 4 HOURS		

	MAIN TOPIC MEDICAL 7 HOURS		
	MAIN TOPIC: OPERATIONS 3 HOURS		
	National Continued Competency Requirements (NCCR) "bundled course" (includes all above)	25	

------(REGION USE ONLY)-----

These courses are approved at the **AEMT level** for delivery in **EMS Region I** starting on the following date: _____

If 'blanket' approval, requires 30-day notification to Region prior to course delivery per A/R 2-212; course number expires March 31 2026

Authorized Regional Representative

Date

Date Received by Region