

Region 1 NCCR-2025 Training Application (EMT)

Program Coordinator: _____ **Email:** _____

Course Address: _____ **Phone:** _____

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:** _____



Indicate preferences: ONE BUNDLED Number Individual Numbers Session Numbers **(include list of topics in each session on a separate sheet)**

APPROVAL NUMBER(S) FORMAT: 2526-R1- _____ -T__

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

Per NREMT, 10% of NCCP classes MUST be in Pediatric content (2 hours)

OEMS #	Title of Course	Credits	Instructor
NCCR:	National Continued Competency Requirements	(20 total)	
	• MAIN TOPIC: Airway 4 Hours		
	MAIN TOPIC: CARDIOLOGY 5 Hours		
	MAIN TOPIC: TRAUMA 3 Hours		

	MAIN TOPIC: MEDICAL	6 Hours	
	MAIN TOPIC: OPERATIONS	2 Hours	
	National Continued Competency Requirements (NCCR) "bundled course" (includes all above)	20	

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

These courses are approved at the **EMT level** for delivery in **EMS Region I** beginning _____ to _____ (open dates require 2 week notification to OEMS/Region prior to course delivery).

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