Program Coordinator:	Email:			
Course Address:	Phone:			
Lead Instructor:	Sponsor	Sponsoring Institution:		
The Program Coordinator or Ir that the courses listed below w 2025	nstructor hereby affirms that the inf ill conform to NCCR Education G	formation on this application is true and correct and uides as published by the National Registry in Spring		
	Date	Program Start Date:		

Please circle your preference: Bundled Number Individual Numbers Session Numbers provide list of session topics on separate sheet of paper

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

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

PER NREMT, 10% of NCCP courses must include pediatric content: 3 hours

OEMS #	Title of Course	Credits	Instructor
NCCR:	National Continued Competency Requirements	(30 total)	
	MAIN TOPIC: AIRWAY 6 HOURS		
	MAIN TOPIC: CARDIOLOGY 7 HOURS		
	MAIN TOPIC: TRAUMA 5 HOURS		

rr					
	MAIN TOPIC: MEDICAL 8 HOURS				
	MAIN TOPIC; OPERATIONS 4 HOURS				
NCCR 'BUNDLED_COURSE (includes all above, 30 hours					

NCCR 'BUNDLED COURSE (includes all above 30 hours

These courses are approved at the **PARAMEDIC 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