**TABLE 10: APPROVED TRAINING PROGRAMS**

**County:** **Reporting Year:**

**NOTE**: Table 10 is to be completed by county. Make copies to add pages as needed.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Training Institution: | |  | | | | | | Telephone Number: | |  | | |  |
| Address: | |  | | | | | |  | | | |  | |
|  | |  | | | | | |  | | | |  | |
| Student Eligibility\*: |  | | Cost of Program: | | \*\*Program Level |  |  | | | |  | | |
|  |
|  | | | Basic: |  | Number of students completing training per year: | | | | | | | | |
|  | | | Refresher: |  | Initial training: | | | |  | |  | | |
|  | | | | | Refresher: | | | |  | |  | | |
| Continuing Education: | | | |  | |  | | |
| Expiration Date: | | | |  | |  | | |
| Number of courses: | | | | | | | | |
| Initial training: | | | |  | |  | | |
| Refresher: | | | |  | |  | | |
| Continuing Education: | | | |  | |  | | |
|  | |

\*Open to general public or restricted to certain personnel only.

**\*\*** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Training Institution: | |  | | | | | | Telephone Number: | | |  | |  |
| Address: | |  | | | | | |  | | | |  | |
|  | |  | | | | | |  | | | |  | |
| Student Eligibility\*: |  | | Cost of Program: | | \*\*Program Level |  |  | | |  | | | |
|  |
|  | | | Basic: |  | Number of students completing training per year: | | | | | | | | |
|  | | | Refresher: |  | Initial training: | | | |  |  | | | |
|  | | | | | Refresher: | | | |  |  | | | |
| Continuing Education: | | | |  |  | | | |
| Expiration Date: | | | |  |  | | | |
| Number of courses: | | | | | | | | |
| Initial training: | | | |  |  | | | |
| Refresher: | | | |  |  | | | |
| Continuing Education: | | | |  |  | | | |
|  |

\*Open to general public or restricted to certain personnel only.

**\*\*** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.