**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: |  |  |
|  |

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**\*\*** 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.