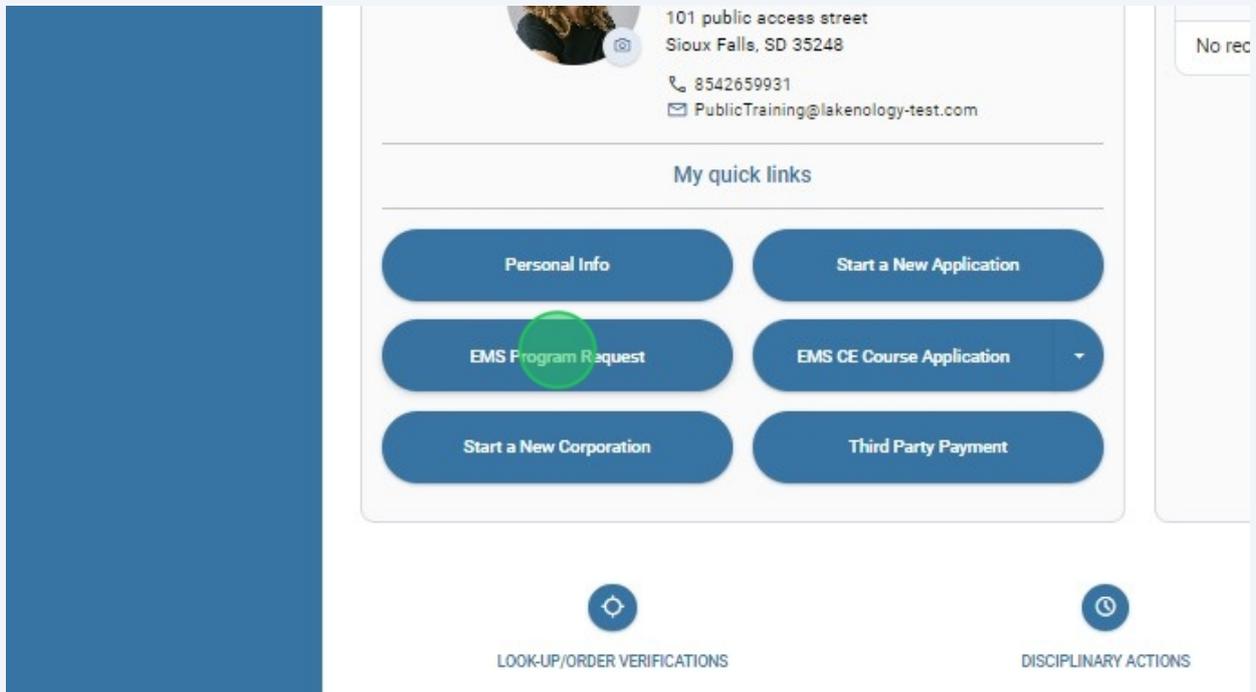


Public Access: EMS Program Request

1 Navigate to your dashboard. Click "**EMS Program Request**"



2

Use the **dropdown arrow** to select the level of training. Click "EMT". Enter all required fields. Use the **date picker** (Calendar icon) for start and end dates if desired or type it in yourself.

The screenshot shows a web form for an EMS Program. On the left is a dark blue sidebar with the text "SDBMOE Licensee" and navigation links for "Home" and "Public Dashboard". The main form area is white and titled "EMS Progra" in the top right. It contains several input fields: "Level of Training:" with a dropdown menu showing "EMT" selected and a green arrow pointing to the dropdown arrow; "Program Name:" with a search icon; "Address:" with "EMR" entered; "City:" with "EMT" entered and circled in green; "Postal Code:" with "AEMT" entered; "Start Date:" with "Paramedic" entered; and "End Date:" with a calendar icon circled in green. Below these are fields for "Program Coordinator:" with "Name:" and "Email:" sub-fields.

3

Enter program coordinator information and enter a physician name. Use **the "Select Physician"** button to select a physician from the licensee look-up. To add additional instructors, Click **"Add Instructor"**

The screenshot shows the lower portion of the EMS Program form. At the top, the "End Date:" is set to "09/30/2024" with a calendar icon. The "Program Coordinator:" section has "Name:" filled with "John Adams", "Email:" filled with "johnadams@gmail.com", and "Professional title:" filled with "EMT Professional". The "Program Instructors:" section has "Physician:" filled with "Jason Paul Richard" and a blue "Select Physician" button with a green arrow pointing to it. Below that is an "Add Instructor" button circled in green. The "Program outline:" field is empty. The "Program Documentation:" section has a button that says "Upload proof that the program meets the NREMT standard requirements". The "Medical Director:" section has a checkbox for "Same as the physician" which is unchecked, and empty "Name:" and "Professional title:" fields.

4

Enter instructor information. Click "**Upload proof of instructor's level of licensure**" and choose a file from your computer.

Form fields for instructor information:

- Name: [Empty]
- Professional title: EMT Professional
- Email: ams@gmail.com
- Physician: Paul Richard (with "Select Physician" button)
- Instructor: Will Brown
- Specialty: Basic Life Support
- Button: Upload proof of instructor's level of licensure (highlighted with a green circle)
- Text: Upload proof that the program meets the NREMT standard requirements
- Medical Director: Same as the physician
- Professional title: [Empty]

5

Click "**Upload proof that the program meets the NREMT standard requirements**" and choose a file from your computer. The file name appears below the button with the ability to delete and replace.

Form fields for program documentation and medical director:

- Program Instructors: Physician: Jason Paul Richard (with "Select Physician" button)
- Other Instructors: Add Instructor button
- Instructor: Will Brown, Specialty: Basic Life Support
- Program outline: Example of program outline.
- Program Documentation: Upload proof that the program meets the NREMT standard requirements (highlighted with a green circle)
- Uploaded: Dummy Word Doc - EMT.docx (with delete and replace icons)
- Medical Director: Same as the physician
- Medical Director Name: [Empty], Professional title: [Empty]
- Clinical Supervisor: Name: [Empty], Professional title: [Empty]
- Students: Upload proof that the students accepted to the program meet the NREMT criteria

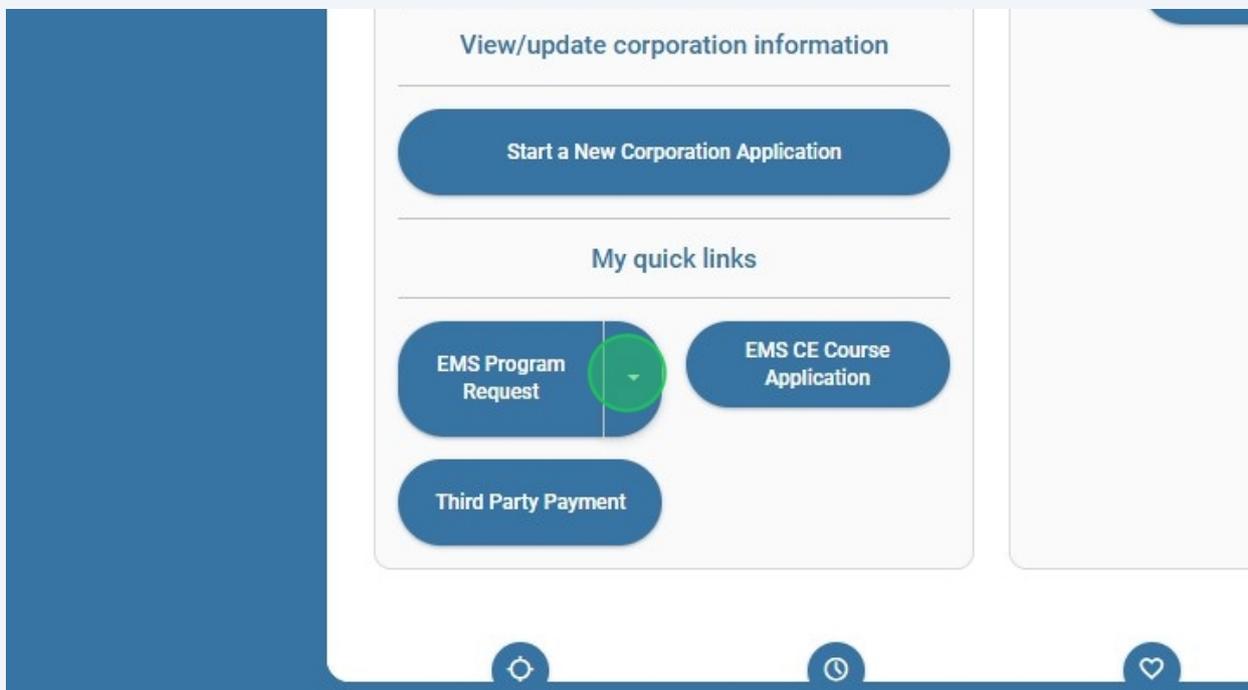
6

Click "**Same as Physician**" box if the medical director is the same as the Physician name entered. Click "**Upload proof that the students accepted to the program meet the NREMT criteria**" and choose a file from your computer. Click "**Submit**" to send program request to an SDBMOE Administrator to review

The screenshot shows a web form with several sections. At the top, there is a text input field with the placeholder text "Example of program outline.". Below this is a button labeled "Upload proof that the program meets the NREMT standard requirements" with a file upload icon. A file upload notification shows "Uploaded: Dummy Word Doc - EMT.docx". The next section has a checkbox labeled "Same as the physician" which is checked and circled in green. Below the checkbox are two input fields: "Jason Paul Richard" and "Professional title: Physician". The following section has two input fields: "Farah Jones" and "Professional title: Clinical Supervisor". Below this is another button labeled "Upload proof that the students accepted to the program meet the NREMT criteria" with a file upload icon. A file upload notification shows "Uploaded: Dummy Word Doc - EMT.docx". At the bottom of the form are two buttons: "Submit" (highlighted with a green circle) and "Close".

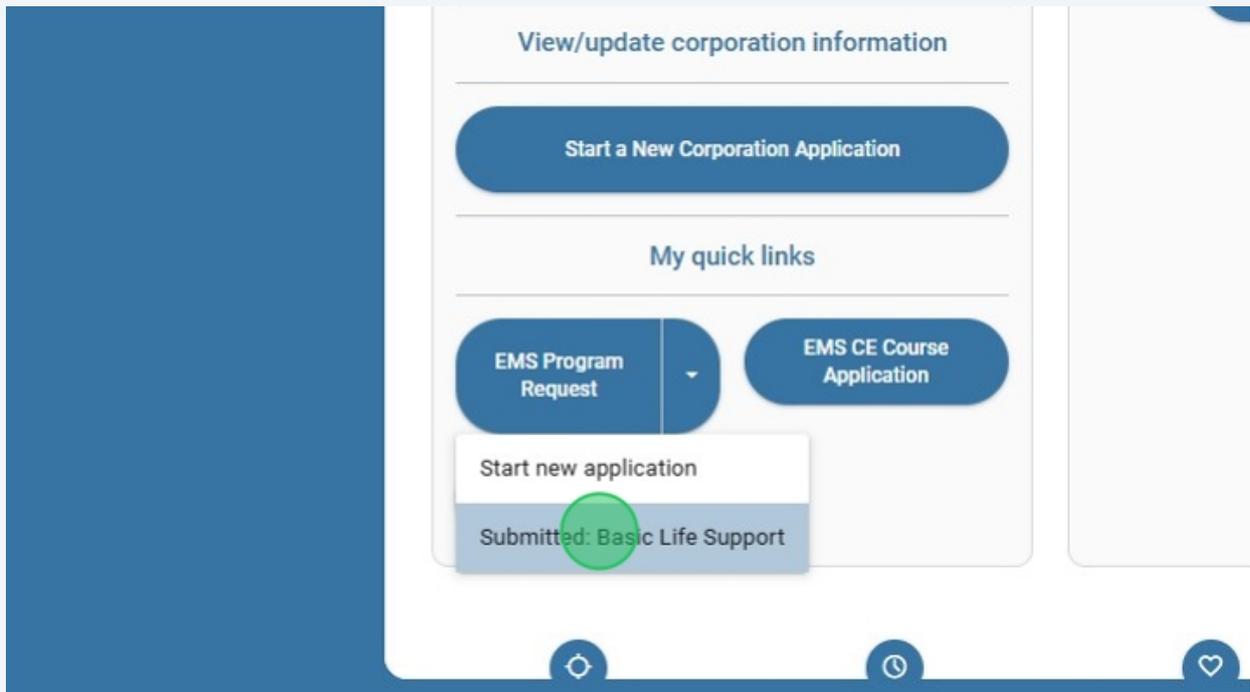
7

To view the submitted program request, Click the dropdown arrow next to **EMS Program Request**.



8

If you submitted more than one request, it will appear here in this list until it has been approved. Click "**Submitted: Basic Life Support**" to view your request



9

Review your request. Use the scroll bar to see all information submitted. Click any **pdf icon** to view an uploaded document. Click "**Close**" to exit.

Status:	Submitted		
Level of Training:	EMT		
Program Name:	Basic Life Support		
Address:	2356 islander Way		
City:	Davie	State:	FL
Postal Code:	33331		
Start Date:	06/28/2024		
End Date:	06/28/2024		
Program Coordinator:			
Name:	Patti Lynn Barney	Professional title:	EMT Coordinator
Email:	patti.barney@lakenology.com		
Program Instructors:			
Physician:	Roland Achmad		
Other Instructors:	Name:	Jason Paul Richard	CPR and defibrillators
			ALS Current request page.pdf

10 If you need to cancel your request, Click "**Cancel**".

Click "**YES**" to confirm **Are you sure you want to cancel this EMS Program Request?**

Program outline: topic 1 - xxx topic 2- YYY topic 3- everything else

Program Documentation:  Uploaded: AD License hard copy.pdf

Medical Director:

Name: Roland Achmad

Professional title: Physician

Clinical Supervisor:

Name: Jack Rosier

Professional title: Clinic Administrator

Students Documentation:  Uploaded: SDBMOE Education-Transcript.pdf

