

Panhandle Regional Advisory Council – TSA – A

Senate Bill 8 Scholarship Program

EMSE COURSE INFORMATION

Course Coordinator Name: _____

Name of Education Program Affiliation: _____

To Verify that the EMS Education Program is aware and has agreed to allow students to Test upon Completion of Course. Check this box

Mailing Address: _____
Address City State Zip

Physical Address: _____
Address City State Zip

Phone Number: _____
Office Number Fax Number

DSHS EMS ID # _____

Email Address: _____

City and County of Course: _____
City County

Course Dates: _____
Start Date: End Date