

FY 08-09 Training & Equipment Needs Assessment

Due: April 7, 2008

Part A. Agency Information - Complete ALL of the (*required) fields in this section.

*County:	
*Agency Name:	
*Agency EMS License No.:	
*Contact Name:	
*Contact Phone:	
*Contact E-mail:	

Part B. EMS Training Equipment/Aids Needs: 7/1/08 - 6/30/09

Item No.	Training Equipment/Training Aids	Quantity	Est. Cost of Equipment
1.			
2.			
3.			
4.			
5.			
6.			
7.			
TOTAL Est. Cost of Equipment			

Part C. Comments *(optional)*

Part D. EMS Personnel Training Needs: 7/1/08 - 6/30/09

Note: Please complete this table with the number of personnel needing training in your agency under each category and the estimated cost of training.

Courses	# of Students	Est. Cost of Training
Initial Training:		
First Responder		
EMT-Basic		
IV Technician		
IV/Airway Technician		
ILS Technician		
Paramedic		
Special Skills Training:		
IV Monitor/Maintenance		
Manual Defibrillation		
PTL/Combitube		
DOT Instructor Course (US Department of Transportation)		
EMS Evaluator Workshop		
Initial Prehospital Trauma Training:		
PHTLS (Pre-Hospital Trauma Life Support)		
BTLS (Basic Trauma Life Support)		
DOH Approved Equivalent <i>(Provide course name below.)</i>		
Initial Prehospital Pediatric Training:		
PEPP (Pediatric for Prehospital Professionals)		
PALS (Pediatric Advanced Life Support)		
EPC (Emergency Pediatric Care)		
Other Prehospital EMS Training:		
GEMS (Geriatric Education for EMS)		
ACLS (Advanced Cardiac Life Support)		
Critical Care Transport		
<i>Other Prehospital EMS Course (Provide course name below.)</i>		
OTEP Training:		
OTEP Training		
On-line OTEP Training		
Other EMS Training Not Specified:		
CPR/First Aid Instructor		
<i>Other EMS Course Not Specified #1 (Provide course name below.)</i>		
<i>Other EMS Course Not Specified #2 (Provide course name below.)</i>		
<i>Other EMS Course Not Specified #3 (Provide course name below.)</i>		
TOTAL Est. Cost of Training		