T-1M
MRT INITIAL

FOR OFFICE USE ONLY

Primary EMS-I: _____
Address: _____
City/Zip: _____
Telephone: W_____ H_____
E-mail address: _____
Sponsoring Agency: _____
Location: _____
Address: _____
City/Zip: _____
Building/Room #: _____

Is this course open? Yes ☐ No ☐

Course Dates:
From: To: _____
Meeting Times:
Mon: _____ **Fri:** _____
Tues: _____ **Sat:** _____
Wed: _____ **Sun:** _____
Thu: _____
Total # of Students:

Program Information

Medical Director: _____ Hospital Affiliation: _____
Print Name

*Signature: _____
Required if full AED Training

Faculty Name: _____ Title: _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Attach names of additional faculty at the end of this application

I certify that I, as the primary EMS-Instructor, have completed and submitted all 4 pages of this "T-1M" MRT Application to Conduct Training, and that this represents a true and accurate record of the topics to be covered during the MRT Program as well as the dates, times, and instructor for each lesson. I certify that this course meets the most recently published AHA Guidelines, National Standard Training Curricula, as approved by the United States Department of Transportation, National Highway Safety Traffic Administration, and will adhere in the form and content, to all applicable Connecticut Office of Emergency Medical Services Policies.

Primary EMS-Instructor Signature	Name (Printed)	EMS-I Certification #	Expiration Date
_____	_____	_____	_____

I certify that the information contained on this page is a true and accurate account of the course curriculum. _____

EMSI Signature

Lesson Titles & Required Hrs.		Hrs	Dates & Times	Instructor(s)
MODULE 1: PREPARATORY				
Introduction to the EMS System	(1)			
Well-being of the MRT	(1)			
Legal and Ethical Issues	(1.5)			
The Human Body	(1)			
Lifting and Moving Patients	(1)			
Evaluation/Review	(3)			
MODULE 2: AIRWAY				
Airway & Airway Adjuncts *To include Oxygen & Suction*	(4)			
Practical Lab – Airway & Adjuncts	(3)			
Evaluation/Review	(1)			
MODULE 3: PATIENT ASSESSMENT				
Patient Assessment *To include vital signs*	(3)			
Documentation	(1)			
Practical Lab – Patient Assessments	(2)			
Evaluation/Review	(1)			
MODULE 4: CIRCULATION				
Circulation (with AED awareness)	(4)			
OR Circulation (with AED)	(8)			
Practical Lab – Circulation	(3)			
Evaluation/Review	(1)			

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EMSI Signature

Lesson Titles & Required Hrs.	Hrs	Dates & Times	Instructor(s)
MODULE 5: ILLNESS & INJURY			
Medical Emergencies (2)			
Bleeding & Soft Tissue Injuries (1.5)			
Injuries to Muscle & Bones (2.5)			
To include splinting			
Practical Lab-Illness & Injury (1.5)			
Evaluation/Review (1)			
MODULE 6: CHILDREN & CHILDBIRTH			
Childbirth (1)			
Infants & Children (2)			
Practical Lab-Children & Childbirth (1)			
Evaluation/Review (1)			
MODULE 7: EMS OPERATIONS			
EMS Operations (1)			
Evaluation/Review (1)			
Elective: Hazmat Awareness			
Elective: Mass Casualty			
Elective:			
Elective:			
Elective:			
Elective:			
TESTING			
Final Written Exam (2 required)			
Final Practical Exam (3)			
TOTAL HOURS Minimum of 50			

I certify that the information contained on this page is a true and accurate account of the course curriculum. _____

T-1M Checklist and Verification Sheet

Use the checklist below to verify that all portions of this application have been completed and that all required adjunct documents have been included with your application.

- ☐ Verify that all course information on the top of page 1 has been entered correctly
- ☐ Verify that Date/Time scheduled and instructor information is completed for each topic on pages 2 & 3
- ☐ Verify that the Primary EMS-Instructor has signed on page 1, and included current EMS-I Certification Number
- ☐ Attach names and titles of **additional** faculty/instructors not included on page 1
- ☐ Mail this completed application to the Regional Coordinator.

FOR OFFICE USE ONLY – DO NOT WRITE IN AREA BELOW

Place Date Stamp in Box	Place Date Stamp in Box	Place Date Stamp in Box	Place Date Stamp in Box	Place Date Stamp in Box
Signature	Signature	Signature	Signature	Signature
Date Received	Reviewed By	Returned/Denied	Received Corrected	Approved