



Michigan Department of Health and Human Services  
Bureau of EMS, Trauma and Preparedness  
Division of EMS and Trauma  
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**Initial Education Program Annual Report**

**Complete one for each level of program held in 2018. Submit to MDHHS-BETP at [MDHHS-EMSED@michigan.gov](mailto:MDHHS-EMSED@michigan.gov) by September 30, 2020.**

**Program Name:**

**Program Approval Number:**

**Level of course:**

**Date:**

**Number of Courses held in 2018**

**Number of students who began the program:**

**Number of students who successfully completed :**

**Number of students who tested:**

**NREMT Pass rate percentage for these courses:**

**1<sup>st</sup> attempt**

**3<sup>rd</sup> attempt**

**If less than 72% pass rate by 3<sup>rd</sup> attempt, attach a program improvement plan here:**   

**Written summary of the year, including any changes made or proposed to advisory committee based on student evaluations:**

**Program Director Signature**

**Date**

**Program Sponsor Representative Signature**

**Date**

**By signing this document, I attest that all required student records are accounted for and available for review by MDHHS-BETP.**