



Michigan Department of Health and Human Services
Bureau of EMS, Trauma and Preparedness
Division of EMS and Trauma
P.O. Box 30207
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Initial Education Program Annual Report

Complete one for each level of program held in 2019. Submit to MDHHS-BETP at MDHHS-EMSED@michigan.gov by July 31, 2021.

Program Name:

Program Approval Number:

Level of course:

Date:

Course (s) held in the past 12 months:

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:

1st attempt

3rd attempt

If less than 72% pass rate by 3rd 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.