



Initial Education Program Annual Report

Michigan Department of Health and Human Services  
Bureau of EMS, Trauma and Preparedness  
Division of EMS and Trauma  
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Complete one for each level of program graduated in *TBA*. Submit to MDHHS-BETP at [MDHHS-EMSED@michigan.gov](mailto:EMSED@michigan.gov) by *TBA*.

Program Name:

Program Approval Number:

Level of course:

Date:

Course (s) completed in 2020:

Number of students who began the program:

Number of students who successfully completed :

Number of students who tested NREMT:

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.