

Michigan Department of Health and Human Services Bureau of EMS, Trauma and Preparedness Division of EMS and Trauma P.O. Box 30207

Lansing, MI 48909-0207 517-335-8150 (Phone)



Netification of later	1.10			МПННС	USE ONLY		
Notification of Inten	Received by	Regional Coord	dinator: Date	9			
Conduct a Continuir		r Correction(s):					
Education Topic		Received: l Review:					
EMS CE Program Spo	onsor	Regional Cod	ordinator Signa	ture:			
Email application and all require	ed documents to	:	A	Vaa	Na	Doniem	
MDHHS-CE@mich	igan.gov	CE Topic(s)	Арргочаі	Yes	No	Region:	
For use by an EMS	CF Program Sno	nsor that is annly	ing for CF no	t as nart of:	an initial ed	ucation nro	ngram
Tor use by an LIVIS	CL Flogram Spo	ilisor that is apply	ing for CL IIO	t as part or a	an initial eu	deation pre	ogram
This form must be received by the D Failure to complete and submit this f					application a	and addition	al documentation
will be reviewed and either returned MDHHS.							
ENIC CE Dua mana C	de anna et f		Salvania and Control			Calcara to 20	tale and a second second
EMS CE Program Sponsor must provi each CE session. The CE proof of atte					is, a roster of	those indiv	iduals who attende
For further information, refer to the					ontinuing Ed	ucation Prog	grams"
EMS CE Program Sponsor			Approval #				
Sponsor Representative		Phone #		E-mail:			
Street Address							
City	State	Zip	County				
·							
MS CE Program Director	Phone #	!	E-mail:				
Name	FIIOHE #	T	L man.				
Street Address	IC Lice	nsure Level	Level I/C#				
City	State	Zip	County				
affirm that all the information subm							
occur as outlined in this document. I document. I do not a sisting		•		mation prov	ided as part (or this notifi	ication may result
		.,					
ignature of EMS CE Program Director						Date	

Signature of EMS CE Sponsor Representative______ Date _____

Along with this application, you must attach the following for each class

a. Lesson plan including program content and learning objectives

*CE's requested with initial education require a course schedule in lieu of an outline and objectives

EMS Provider Categories	EMS Provider Categories	Instructor/Coordinator Categories
Preparatory	Special Considerations: Pediatrics: Pt. Assessment	Instructional Techniques
Airway Management and Ventilation	Special Considerations: Pediatrics: Medical	Educational Administration
Patient Assessment	Special Considerations: Pediatrics: Trauma	Measurement & Evaluation
Medical	Special Considerations: Pediatrics: Medication Administration *Required Practical	
Trauma	Operations	
Special Considerations	Operations: Emergency Preparedness	
Special Considerations: Pediatrics:		
Airway		

CONTINUING EDUCATION SCHEDULE

					Number of Credits				
Line	Category Name	Specific Topic Title	Specific Location	Number Hours	MFR/EMR	EMT .	AEMT Par	ramedic IC	
Sample	Trauma	Spinal Injury/Backboarding	Name of Business Address Type of facility (agency, hospital, etc).	1	1	1	1	1	o
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Line	Category Name	Specific Topic Title	Specific Location	Number Hours	MFR/EMR	EMT	AEMT	Paramedic	IC
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