

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)

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Set him

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
1									
2									
3									
4									
5									
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Line	Category Name	Specific Topic Title	Specific Location	Number Hours	MFR/EMR	EMT	AEMT	Paramedic	IC
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