

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)

nal Coordinator: Date	Received by Regional Coordinator: Date	Natification of last				Мини	USE ONLY				
ection(s):	Returned for Correction(s):	Notification of Inte	πτ το	Received by	Regional Coord						
tor Signature:	Corrections Received: Date of Final Review: Date of Final Review: Regional Coordinator Signature: CE Topic(s) Approval Yes No Region: CE T	Conduct a Continui	ng	Returned for	Correction(s):					_ _	
tor Signature:	Regional Coordinator Signature:										
or CE not as part of an initial education program art of the first class. tic disapproval. Your application and additional documentate turned for your records. A copy will also be maintained on find maintain in records, a roster of those individuals who attended on the front. Toval Guidelines for Continuing Education Programs" Toval # E-mail: County	and all required documents to: E@michigan.gov CE Topic(s) Approval Yes No Region: See by an EMS CE Program Sponsor that is applying for CE not as part of an initial education program sponsor that is applying for CE not as part of an initial education program specified may result in an automatic disapproval. Your application and additional documentative in the formation of the first class. See and submit this form as prescribed may result in an automatic disapproval. Your application and additional documentative in the formation of the formation of the foliation of the foliation of attendance of the each individual and maintain in records, a roster of those individuals who attendance must have approved category name on the front. See Topic(s) Approval and a part of an initial education program and submit the formation of the standard additional addition	Education Topic		Date of Final	Date of Filial Neview.						
or CE not as part of an initial education program art of the first class. tic disapproval. Your application and additional documentate turned for your records. A copy will also be maintained on find maintain in records, a roster of those individuals who attended on the front. Toval Guidelines for Continuing Education Programs" Toval # E-mail: County	CE Topic(s) Approval Yes No Region: Legewichigan.gov CE Topic(s) Approval Yes No Region: No Reg	EMS CE Program Sp	onsor	Regional Cod	ordinator Signa	ture:					
or CE not as part of an initial education program art of the first class. tic disapproval. Your application and additional documentate turned for your records. A copy will also be maintained on find maintain in records, a roster of those individuals who attended on the front. Toval Guidelines for Continuing Education Programs" Toval # E-mail: County	use by an EMS CE Program Sponsor that is applying for CE not as part of an initial education program exceived by the Department at least 30 days prior to the start of the first class. and submit this form as prescribed may result in an automatic disapproval. Your application and additional documentatic either returned for deficiencies or approved and a copy returned for your records. A copy will also be maintained on fill propriet of attendance to each individual and maintain in records, a roster of those individuals who attered to the Standardized EMS CE Credit Guide "Approval Guidelines for Continuing Education Programs" Approval # State Zip County To County To Clicensure Level I/C# State Zip County	Email application and all requir	red documents to): (CE Tami ()	A	V			D		
art of the first class. tic disapproval. Your application and additional documentate turned for your records. A copy will also be maintained on fixed maintain in records, a roster of those individuals who attree on the front. Boval Guidelines for Continuing Education Programs" Toval # E-mail: County	caceived by the Department at least 30 days prior to the start of the first class. and submit this form as prescribed may result in an automatic disapproval. Your application and additional documentatic either returned for deficiencies or approved and a copy returned for your records. A copy will also be maintained on fill consor must provide proof of attendance to each individual and maintain in records, a roster of those individuals who attered to the Standardized EMS CE Credit Guide "Approval Guidelines for Continuing Education Programs" Approval # State Zip County IC Licensure Level I/C# State Zip County	MDHHS-CE@mic	higan.gov	CE Topic(s)	Approval	Yes	No		Region:		
E-mail: E-mail:	State Zip County Tor Phone # E-mail: IC Licensure Level I/C# State Zip County	This form must be received by the Failure to complete and submit this will be reviewed and either returne MDHHS. EMS CE Program Sponsor must pro each CE session. The CE proof of at:	Department at lease of some as prescribed of deficiencies of the proof of attendance must have	ust 30 days prior to a d may result in an all or approved and a co dance to each indivi de approved categor	the start of the utomatic disappopy returned for idual and mainty name on the	first class. proval. You or your recontain in recor front.	r application rds. A copy v ds, a roster c	n and will a	d additional doc also be maintai nose individuals	cumentation ned on file v s who attend	
County E-mail:	State Zip County tor Phone # E-mail: IC Licensure Level I/C# State Zip County	EMS CE Program Sponsor			Approval #						
E-mail:	tor Phone # E-mail: IC Licensure Level I/C# State Zip County	Sponsor Representative		Phone #		E-mail:					
E-mail:	tor Phone # E-mail: IC Licensure Level I/C# State Zip County	Street Address									
	Phone # E-mail: IC Licensure Level I/C# State Zip County	City	State	Zip	County						
I/C#	State Zip County	MS CE Program Director Name	Phone i	#	E-mail:						
	<u> </u>	Street Address	IC Lice	ensure Level	I/C#			_			
County	formation submitted in this notification is true and that all presentations will comply with MDHHS requirements an	City	State	Zip	County						
III presentations	is document. I understand that any misrepresentation of the information p	Name Street Address City affirm that all the information sub	IC Lice State mitted in this notif	Zip	I/C# County that all presen						

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		0							
2									
3									
4									
5									
6									
7									
8									
9									
10									

Line	Category Name	Specific Topic Title	Specific Location	Number Hours	MFR/EMR	EMT	AEMT	Paramedic	IC
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									

30					
30					