



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)

Notification of Intent to Conduct a Continuing Education Topic EMS CE Program Sponsor Email application and all required documents to: MDHHS-CE@michigan.gov	MDHHS USE ONLY			
	Received by Regional Coordinator: Date _____			
	Returned for Correction(s): _____			
	Corrections Received: _____			
	Date of Final Review: _____			
Regional Coordinator Signature: _____				
CE Topic(s) Approval Yes No Region: _____				

For use by an **EMS CE Program Sponsor** that is applying for CE **not** as part of an initial education program

This form must be received by the Department at least 30 days prior to the start of the first class.

Failure to complete and submit this form as prescribed may result in an automatic disapproval. Your application and additional documentation will be reviewed and either returned for deficiencies or approved and a copy returned for your records. A copy will also be maintained on file with MDHHS.

EMS CE Program Sponsor must provide proof of attendance to each individual and maintain in records, a roster of those individuals who attended each CE session. The CE proof of attendance must have approved category name on the front.

For further information, refer to the Standardized EMS CE Credit Guide "Approval Guidelines for Continuing Education Programs"

EMS CE Program Sponsor			Approval #	
Sponsor Representative		Phone #	E-mail:	
Street Address				
City	State	Zip	County	

EMS CE Program Director

Name		Phone #	E-mail:	
Street Address		IC Licensure Level	I/C#	
City	State	Zip	County	

I affirm that all the information submitted in this notification is true and that all presentations will comply with MDHHS requirements and will occur as outlined in this document. I understand that any misrepresentation of the information provided as part of this notification may result in non-approval or revocation of existing approval, or further action by MDHHS.

Signature of EMS CE Program Director _____ Date _____

Signature of EMS CE Sponsor Representative _____ Date _____

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

[illegible]

[illegible][illegible]

