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 8/10/2022
Returned for Correction(s): _____
Corrections Received: _____
Date of Final Review: 8/10/2022

Regional Coordinator Signature: Terrie Godde Digitally signed by Terrie Godde Date: 2022.08.10 15:45:36 -04'00'

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 West Michigan Regional Medical Consortium			Approval # CE 16-6234	
Sponsor Representative Chad Lawton		Phone # 231-728-1967	E-mail: clawton@wmrmc.org	
Street Address 1675 Leahy St.				
City Muskegon	State MI	Zip 49442	County Muskegon	

EMS CE Program Director

Name Scott Wilkinson	Phone # 231-728-1967	E-mail: swilkinson@wmrmc.org	
Street Address 1675 Leahy St	IC Licensure Level Paramedic	I/C# 1574398	
City Muskegon	State MI	Zip 49442	County Muskegon

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 C Lawton Date 08/10/2022

Signature of EMS CE Sponsor Representative Scott Wilkinson Date 08/10/2022

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

Line	Category Name	Specific Topic Title	Specific Location	Number Hours	Number of Credits MFR/EMR	EMT	AEMT	Paramedic	IC
Sample	***Trauma***	***Spinal Injury/Backboarding***	***Name of Business Address Type of facility (agency, hospital, etc).***	***1***	***1***	***1***	***1***	***1***	***0***
1	Airway	iGel Supraglottic Airway (Virtual)	Any WMRMC approved location	0.5	0.5	0.5	0.5	0.5	0
2	Trauma	Bleeding Control (Virtual)	Any WMRMC approved location	0.5	0.5	0.5	0.5	0.5	0
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									