

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)

Returned for Corrections R Date of Final Regional Cool CE Topic(s) A that is applying days prior to the Corrections of the Cool CE Topic (s) A that is applying the Cool CE Topic (s) A that is applying the Cool CE Topic (s) A that is applying the Cool CE Topic (s) A that is applying the Cool CE Topic (s) A that is applying the Cool CE Topic (s) A that is applying the Cool CE Topic (s) A that is applying the CE Topic (s) A that is a that	ng for CE not as p	es part of an ini	No	R	degion:		
Corrections R Date of Final Regional Cool CE Topic(s) A that is applying	eceived: Review: rdinator Signature: pproval Ye ng for CE not as p	es part of an ini	No	R	degion:		
Regional Coor CE Topic(s) A that is applying days prior to the	rdinator Signature: pproval Ye ng for CE not as p	:es part of an ini	No	R	Region:		
CE Topic(s) A that is applying the days prior to the	pproval Ye ng for CE not as p	part of an ini	No				
CE Topic(s) A that is applying the days prior to the	pproval Ye ng for CE not as p	part of an ini	No				
that is applying that is applying the time.	ng for CE not as p	part of an ini					
days prior to tl	ne start of the first	t class.	itial edu	ucat	ion pro		
days prior to tl	ne start of the first	t class.			•	ogram	
proved and a coper to each individual proved category	name on the front	ur records. A in records, a r	copy wi	ill als	so be ma	aintained o	n file w
		es for continu	unig Euu	ucati			
Phone #	E-m	nail:					
Zip	County						
	E-mail:						
	2						
e Level	I/C#						
Zip	County						
	hat all presentation	-	-			•	
	Phone # Zip e Level Zip	Proved category name on the fron Credit Guide "Approval Guidelin Approval # Phone # E-n Zip County E-mail: e Level I/C# Zip County	Proved category name on the front. Credit Guide "Approval Guidelines for Continual Approval # Phone # E-mail: Zip County E-mail: E-mail: County	Approval # Phone # E-mail: E-mail: E-wail: Credit Guide I/C# Zip County	Proved category name on the front. Credit Guide "Approval Guidelines for Continuing Educati Approval # Phone # E-mail: Zip County E-mail: E-mail: County	Proved category name on the front. Credit Guide "Approval Guidelines for Continuing Education Programme on the front. Approval # Phone # E-mail: Zip County E-mail: E-mail: County	Approval # Phone # E-mail: Zip County E-mail: E-mail:

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	0
1			₹						
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					