Chad Lawton

From: Forbush, Tammy (DHHS) <ForbushT@michigan.gov>
Sent: Tuesday, September 13, 2016 8:54 AM
To: Mark Cleveland
Cc: Chad Lawton; MDHHS-CE
Subject: WMRMC 202c
Attachments: WMRMC 202c Sept 2016 IC Credits.pdf

Hi Mark,
Attached is an official copy of your 202c.
Thank you.
Tammy

Michigan Dept. of Health & Human Services Division of EMS, Trauma and Preparedness EMS Section 201 Townsend Lansing, Michigan 48913 **Email:** **MDHHS-CE@michigan.gov** ***Email is the preferred method of application***	**MDHHS USE ONLY** Received by Regional Coordinator: Date 9/6/16 Returned for Correction(s): 9/13/16 Corrections Received: 9/13/16 Date of Final Review: 9/13/16 Regional Coordinator Signature: CE Topic(s) Approval ☑ Yes ☐ No Region: I

NOTIFICATION OF INTENT TO CONDUCT A CONTINUING EDUCATION TOPIC
EMS CE PROGRAM SPONSOR

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

This form with a legal signature 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 # 231-728-1621		E-mail: clawton@wmrmc.org
Street Address 1675 Leahy St.			
City Muskegon	State MI	Zip 49442	County Muskegon

EMS CE Instructor Coordinator:

Name Mark Cleveland	Phone # 517-366-9963		E-mail: Cleveland.marka@gmail.com
Street Address 6125 Hubbard Rd	IC Licensure Level Paramedic		I/C# 2189
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 Instructor Coordinator _____ Date 9/6/16

Signature of EMS CE Sponsor Representative _____ Date 9/16/16

Along with this application, you must attach the following for each class:

a. **Lesson plan including program content and learning objectives**
b. **Sample certificate of attendance (if different from original application)**
c. **Name and qualifications of presenter (if different from original application)**
d. **Evaluation tools to be used (if different from original application)**

Practical means: supervised or critiqued hands-on practice or simulation achieving identified psychomotor objectives.

Category Code	EMS Provider Categories	Category Code	EMS Provider Categories	Category Code	Instructor/Coordinator Categories
1	Preparatory	5	Trauma	10	Instructional Techniques
2	Airway Management and Ventilation	6	Special Considerations	11	Educational Administration
3	Patient Assessment	7	Operations	12	Measurement & Evaluation
4	Medical				

CONTINUING EDUCATION PROGRAM SCHEDULE

Line	Cat. Code	Specific Topic Title*	Course Format Lecture Practical (Hands-on or Skill)	Number Hours	Number of Credits MFR	EMT	EMT-S	P	IC
1	12	Evaluation of Student Performance	Lecture						1
			Practical (Hands-on or Skill)						
2	12	Evaluation of Instructor and System Performance	Lecture						2
			Practical (Hands-on or Skill)						
3			Lecture						
			Practical (Hands-on or Skill)						
4			Lecture						
			Practical (Hands-on or Skill)						
5			Lecture						
			Practical (Hands-on or Skill)						
6			Lecture						
			Practical (Hands-on or Skill)						
7			Lecture						
			Practical (Hands-on or Skill)						
8			Lecture						
			Practical (Hands-on or Skill)						

WMRMC West Michigan Regional Medical Consortium

1675 Leahy St Suite 308B Muskegon, MI 49442

Lesson Plan: Student Evaluations

Topic: Student Evaluations

Presenter: West Michigan Regional Medical Consortium Educational Staff

Location: West Michigan Regional Medical Consortium CE Sponsor Locations

Credit Category: Measurement and Evaluation

License Level: IC

Credits: 1

Format: 1 hour lecture

Objectives: At the conclusion of this CE session, the participants will be able to:

Cognitive

1. Evaluate Student performance of psychomotor objectives.
2. Evaluate Student comprehension of cognitive learning objectives.
3. Provide feedback from evaluations.
4. Describe and detail recommendations for improvement.

Psychomotor

None

Affective

None

Outline for Lecture Presentation:

1. Introductions
2. Evaluation of Students Psychomotor Skills
3. Evaluation of Student Cognitive Learning
4. Provide Feedback from evaluations
5. Describe and detail recommendations for improvement

Student Evaluation Method: No formal evaluation of participants will occur.

Evaluation of Presentation: Standard Program Evaluation form will be filled out by participants.

Rationale for Presentation: The rationale for this presentation is to give Instructors a better understanding of the importance of technology in the classroom and training to enhance critical thinking skills and motivate the learner.

Office: 231-728-1967 Fax: 231-728-1644

WMRMC West Michigan Regional Medical Consortium

1675 Leahy St Suite 308B Muskegon, MI 49442

Lesson Plan: Instructor and Program Evaluation

Topic: Instructor and Program Evaluations

Presenter: West Michigan Regional Medical Consortium Educational Staff

Location: West Michigan Regional Medical Consortium CE Sponsor Locations

Credit Category: Measurement and Evaluation

License Level: IC

Credits: 2

Format: 2 hour lecture

Objectives: At the conclusion of this CE session, the participants will be able to:

Cognitive

1. Evaluate Instructor performance.
2. Evaluate teaching style and methodologies.
3. Provide feedback to Instructors from evaluations.
4. Evaluate program effectiveness.
5. Identify areas of program improvement.
6. Describe and detail recommendations for improvement.

Psychomotor

None

Affective

None

Outline for Lecture Presentation:

1. Introductions
2. Evaluation of Instructor Performance
3. Evaluation of Instructor teaching styles and methodologies
4. Provide Feedback from evaluations
5. Evaluation of program effectiveness.
6. Recommend improvements in program
7. Describe and detail recommendations for improvement

Student Evaluation Method: No formal evaluation of participants will occur.

Evaluation of Presentation: Standard Program Evaluation form will be filled out by participants.

Rationale for Presentation: The rationale for this presentation is to give Instructors a better understanding of the importance of different teaching styles for continued improvement and professional development.