

Michigan Dept. of Community Health Bureau of Health Policy, Planning & Access EMS and Trauma Systems Section 201 Townsend Street Lansing, Michigan 48913 MDCHEMSCONTINUINGED@michigan.gov	MDCH USE ONLY
	Received Date: _____
	Returned for Correction(s): _____
	Corrections Received: _____
	Date of Final Review: _____
Signature for Approval: _____	
Approval # : _____ Region: _____	

NOTIFICATION OF INTENT TO CONDUCT A CONTINUING EDUCATION TOPIC

- Option 1 - For use by an Instructor Coordinator offering courses independently
- Option 2 - For use by an approved Initial Education Program Sponsor offering continuing education credits during an initial education course

This notification must be received at least 30 days prior to the start of the first class. This form may be sent by e-mail or regular US mail to the Department at the address above.

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 MDCH.

Responsible IC must provide proof of attendance to each individual and maintain in records, a roster of those individuals who attended each CE session.

For further information regarding CE policies, refer to the CE Approval Guidelines for Continuing Education Programs

Education Program Sponsor (Not required for Option 1)			
Street Address			
City	State	Zip	County

Instructor Coordinator:			
Name	Phone #	E-mail:	
Street Address		I/C#	
City	State	Zip	County

Notification of cancellations or changes must be provided to the Department prior to their occurrence (if possible).

I affirm that all the information submitted in this notification is true and that all presentations will comply with MDCH 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 MDCH.

Signature of I/C _____ Date _____

Along with this application, you must attach the following for each class (each 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
- b. Name and qualifications of presenter (Not required if requested with initial education)
- c. Sample certificate of attendance
- d. Evaluation tools to be used (student evaluation of course content and presenter)

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	Medical	10	Instructional Techniques
2	Airway Management and Ventilation	6	Special Considerations	11	Measurement and Evaluation
3	Patient Assessment	7	Operations	12	Educational Administration
4	Trauma				

CONTINUING EDUCATION SCHEDULE

Line	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format		Number Hours	Number of Credits				
						Lecture	Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
Sample	4	Spinal Injury/Backboarding	1/1/05	1-4p	Room 101 Lake Community College 123 Main St. Anywhere, MI	Lecture		1	1	1	1	1	0
						Practical (Hands-on or Skill)		2	2	2	2	0	
1						Lecture							
						Practical (Hands-on or Skill)							
2						Lecture							
						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)							

For additional classes complete another form 202.

* Refer to Conversion Document for topics under each category.

Line	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format		Number Hours	Number of Credits				
						Lecture	Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
7						Lecture							
						Practical (Hands-on or Skill)							
8						Lecture							
						Practical (Hands-on or Skill)							
9						Lecture							
						Practical (Hands-on or Skill)							
10						Lecture							
						Practical (Hands-on or Skill)							
11						Lecture							
						Practical (Hands-on or Skill)							
12						Lecture							
						Practical (Hands-on or Skill)							
13						Lecture							
						Practical (Hands-on or Skill)							
14						Lecture							
						Practical (Hands-on or Skill)							
15						Lecture							
						Practical (Hands-on or Skill)							
16						Lecture							
						Practical (Hands-on or Skill)							
17						Lecture							
						Practical (Hands-on or Skill)							
18						Lecture							
						Practical (Hands-on or Skill)							

Line	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format		Number Hours	Number of Credits				
						Lecture	Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
19						Lecture							
						Practical (Hands-on or Skill)							
20						Lecture							
						Practical (Hands-on or Skill)							
21						Lecture							
						Practical (Hands-on or Skill)							
22						Lecture							
						Practical (Hands-on or Skill)							
23						Lecture							
						Practical (Hands-on or Skill)							
24						Lecture							
						Practical (Hands-on or Skill)							
25						Lecture							
						Practical (Hands-on or Skill)							
26						Lecture							
						Practical (Hands-on or Skill)							
27						Lecture							
						Practical (Hands-on or Skill)							
28						Lecture							
						Practical (Hands-on or Skill)							
29						Lecture							
						Practical (Hands-on or Skill)							
30						Lecture							
						Practical (Hands-on or Skill)							