

Michigan Dept. of Community Health Bureau of Health Policy, Planning & Access EMS and Trauma Systems Section 201 Townsend Lansing, Michigan 48913 MDCHEMSCONTINUINGED@michigan.gov	<p style="text-align: center;">MDCH USE ONLY</p> Received Date: _____ Returned for Correction(s): _____ Corrections Received: _____ Date of Final Review: _____ Signature for Approval: _____ CE Topic(s) Approval <input type="checkbox"/> Yes <input type="checkbox"/> No Region: _____
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**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 notification must be received by e-mail or US mail at the Department at least 30 days prior to the start of the first class. This form may be sent to the e-mail or regular US mail address listed 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.

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.

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 Instructor Coordinator:

Name	Phone #	E-mail:	
Street Address		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 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 EMS CE Instructor Coordinator _____ Date _____

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
- 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	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 PROGRAM SCHEDULE

Line	Cat. Code	Specific Topic Title*	Course Format	Number Hours	Number of Credits					
			Lecture Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC	
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)							
7			Lecture							
			Practical (Hands-on or Skill)							
8			Lecture							
			Practical (Hands-on or Skill)							

Line	Cat. Code	Specific Topic Title*	Course Format		Number Hours	Number of Credits				
			Lecture	Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
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)							
19			Lecture							
			Practical (Hands-on or Skill)							
20			Lecture							
			Practical (Hands-on or Skill)							