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| Michigan Dept. of Health and Human Services Division of EMS, Trauma and Preparedness EMS Section PO Box 30207 Lansing, Michigan 48909-0207 Email: MDHHS-CE@michigan.gov *It is preferred to email these applications* | MDHHS USE ONLY Received Date: _____ Returned for Correction(s): _____ Corrections Received: _____ Date of Final Review: _____ Regional Coordinator Signature: _____ CE Topic (s) Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No-Region: _____ |
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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 by the Department at least 30 days prior to the start of the first class. This form with a legal signature must be mailed to the Department at the address above, or emailed at the email 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 MDHHS.

Responsible IC must provide proof of attendance to each individual and maintain in records, a roster of those individuals who attended each CE session. **Chit sheet must have category name on front.**

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 | IC Level of licensure | I/C# | |
| City | State | Zip | County |

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

Legal 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 that will be used for course.
- d. Evaluation tools to be used (student evaluation of course content and presenter)

| 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 | Date | Time | Specific Location | Number Hours | Number of Credits | | | | |
|---------------|---------------|-----------------------------------|---------------|-------------|--|--------------|-------------------|----------|----------|-----------|----------|
| | | | | | | | MFR/EMR | EMT | AEMT | Paramedic | IC |
| <i>Sample</i> | <i>Trauma</i> | <i>Spinal Injury/Backboarding</i> | <i>1/1/05</i> | <i>1-4p</i> | <i>Room 101 Lake Community College 123 Main St. Anywhere, MI</i> | <i>1</i> | <i>1</i> | <i>1</i> | <i>1</i> | <i>1</i> | <i>0</i> |
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For additional classes complete another form 202.

| Line | Category Name | Specific Topic Title | Date | Time | Specific Location | Number Hours | MFR/EM R | EMT | AEMT | Paramedic | IC |
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| Line | Category Name | Specific Topic Title | Date | Time | Specific Location | Number Hours | MFR/EM R | EMT | AEMT | Paramedic | IC |
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