

**Michigan Department of Health and Human Services  
Bureau of EMS, Trauma and Preparedness  
PO Box 30207  
Lansing, MI 48909**

**CONTINUING EDUCATION PROGRAMS APPROVAL GUIDELINES**

Approval for continuing education programs may be applied for in the following ways. Note, there are two different forms. Each is to be submitted to MDHHS-BETP at least thirty (30) days prior to the class. It is preferred for the paperwork to be emailed to [MDHHS-CE@michigan.gov](mailto:MDHHS-CE@michigan.gov). If you are unable to email please send your paperwork to MDHHS-BETP PO Box 30207, Lansing, MI 48909.

**1. Notification of Intent to Provide Continuing Education (BETP-EMS 202)** This form is used:

*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

**Additional information that must be submitted with this form includes:**

- 1. A lesson plan for each class (each date) that includes:**
  - i. Specifics on location of class**
  - ii. Time and length of class**
  - iii. Topic and credits awarded**
  - iv. Presenter(s) name(s) and Curriculum Vitae or resume, showing SME**
  - v. Educational goals or learning objectives**

Or, for Option 2:

- 2. Course schedule that identifies time, date, and length of class and topic and credits awarded**
- 3. Sample certificate of attendance (indicate if credits are lecture or practical)**
- 4. Sample evaluation tool to be used**

Once specific continuing education topics have been approved the Instructor/Coordinator may submit a request(s) to offer additional sessions for the remainder of the calendar year. The application form must meet all requirements of an initial application and include any changes in the “Additional information” from the original application. A copy of the original CE approval must be submitted with the application. Items iv & v, 3, and 4 do not need to be resubmitted if there is no change.

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**2. Approved EMS CE Program Sponsor Request to Conduct Continuing Education**

**(BETP- EMS 202c)**

This form is used:

a. When an approved EMS CE Program Sponsor wishes to provide CE that is not part of an initial training program and that was not submitted with the initial EMS CE Sponsor Application.

Continuing Education Policies apply to the administration of these programs as noted.

**Overview of Continuing Education Policies**

1. Courses not included in the current edition of the pre-approved standardized credit guidebook must be submitted for approval at least 30 days prior to the class, to the BETP. I/C's applying for credits are to follow the "Approval Guidelines for Continuing Education Credits."
2. The BHPPA EMS-202 form must document specific dates and times that the program will be offered. All continuing education programs must be available for monitoring by the Department. Any cancellations or changes must be filed with the Department.
3. It is policy to award credits based on one CE credit per one contact hour. Classes must meet for the scheduled time for credits to be awarded. Fractions of credits are given in 1/2 credit increments. Partial credits that are not in 1/2 credit increments will be rounded down. An hour is defined as 50-60 minutes of education. A half hour is defined as 25 minutes of education.
4. All CE courses applied for must be held in a facility conducive to education and training. Exception will be made for extrication/rescue/field courses.
5. While an I/C must sign and submit CE notifications for approval, an I/C is not required to teach or be present at CE classes. The I/C remains responsible for the class. The I/C's signature must be on all proof of attendance certificates provided to the participant. If the CE is approved within an EMS CE Program Sponsor the EMS CE Instructor Coordinator's signature must be on all proof of attendance certificates provided to the participant.
6. Please review the "Conversion Document" for assistance in determining the category for each specific subject topic.
7. If an Education Program Sponsor wishes to offer CE credits for portions of initial education courses, credits must be applied for at least 30 days in advance on Form BHPPA-EMS-202; they are not automatically approved.

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8. When applying for Michigan CE credits for CE programs approved by the Michigan boards of medicine, osteopathic medicine, nursing, pharmacy, academic course related to EMS or that have been attended out of state, the individual should provide to Michigan Department of Health & Human Services documentation that gives evidence that the participant attended the program, a detailed program content outline that includes number of hours of program, and some rationale for why credits are warranted. Topics being evaluated must have some relationship to the topic areas utilized in Michigan. Upon review and approval of the credits requested, the State EMS Education Coordinator will provide a letter for the individual to submit with their CE records. All requests must be submitted within sixty (60) days of completion. ***Approval requests for credits submitted at the time an audit is issued will not be reviewed.***
9. Programs that are approved by CAPCE are accepted in Michigan. The content of the program must relate to Emergency Medical Services and must follow Michigan credit categories. The Standardized credit book lists the approved on-line vendors.
10. Only 1 sample CE chit and evaluation form are necessary for each application form unless either will be altered for a specific class.
11. Once a CE is approved you may reapply for the same CE, within the same calendar year, by completing a new application 30 days in advance and attaching a copy of the original approval to the application. No other supporting documentation is required unless there is a change in the instructor, which you will need to include their credentials.
12. IC credits and provider credits may be awarded for the same CE session as long as the content meets the objectives of both CE requests.

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**13. Credits to be earned by each license level:**

CE Chart	MFR (15 Total)	EMT (30 Total)	AEMT (36 Total)	Paramedic (45 Total)
<b>Preparatory</b>	1	2	2	2
<b>Airway Ventilation</b>	1	2	2	2
<b>Patient Assessment</b>	1	2	2	2
<b>Medical</b>	1	2	2	2
BLS for Healthcare Provider	2	2	2	2
<b>Trauma</b>	1	2	2	2
<b>Special Considerations</b>				
Pediatrics Medication Administration- <b>Practical</b>			1	1
Pediatrics Airway	1	1	1	1
Pediatrics Assessment	1	1	1	1
Pediatrics Medical	1	1	1	1
Pediatrics Trauma	1	1	1	1
<b>Operations</b>		1	1	1
Emergency Preparedness	1	1	1	1
<i>Individual Choice</i>	3	12	17	26
<b>Total</b>	15	30	36	45

**\*Special Considerations Category:** All levels must have specific Pediatric CEs, as identified in the above chart. Other Special Considerations credits may include Geriatrics, Special Needs or Assessment Based Patient Management.

**\*Operations Category:** All levels must have a minimum of 1 Emergency Preparedness credit.

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**14. PROOF OF ATTENDANCE CREDIT RECORD FORMS**

1. It is required that I/Cs provide a "proof of attendance" form to all CE session participants. The individual participant must retain this proof of attendance in the event an audit of the individual's CE record is done at the time of license renewal or re-licensure.
2. The IC must have all participants sign an attendance roster at the CE session. This roster must be kept in the IC records for a ***minimum of 4 years*** in the event a participant needs later verification of attendance. A photocopy of the roster will be accepted as proof of attendance during the audit process.
3. The "proof of attendance" forms should be developed so that they appear as an original and are difficult to duplicate. An easy method is to have the I/C sign in colored ink, and this is described on the form.
4. Other information to include on the form: (see sample)
  - **Name of Sponsoring Organization**
  - **Credit Category (do not use code numbers) , Specific Topic Name**
  - **Credits Awarded and License Level**
  - **Date, Time, Location**
  - **Printed Name, Code Number and Signature of I/C**
  - **Space for Name of Attendee**

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**SAMPLE CHIT**

**PROOF OF ATTENDANCE**

**Sponsoring Agency**

**Program Title**

**Date, Time, Location**

**Name \_\_\_\_\_**

Category	Topic	MFR/EMR	EMT	AEMT/ Specialist	Paramedic	IC

**I/C: Name here**  
**I/C #: Number here**

**I/C Signature: \_\_\_\_\_**

15. Independent study CE credits may be awarded for articles in professional journals, ongoing serial productions, and interactive computer programs as long as the program is developed by a professional group or other approved provider of CE and meets all of the following:

- The participant is required to make an active and appropriate response to the education material
- A test or evaluation tool is provided
- A record of completion is provided.

All requests for independent study shall be submitted to MDHHS within thirty (30) days of completing for review and approval. Submissions received at the time of an audit will not be reviewed.

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**SAMPLE EVALUATION TOOL**

<b>CE Program Evaluation</b>		
<b>CE Title</b> _____	<b>Date:</b> _____	<b>Presenter:</b> _____
<b>Content provided was consistent with title:</b>		
Agree	Neutral	Disagree
<b>Information was useful and/or beneficial in my everyday work practice:</b>		
Agree	Neutral	Disagree
<b>Presenter was well prepared:</b>		
Agree	Neutral	Disagree
<b>I would recommend others to attend this CE Program:</b>		
Agree	Neutral	Disagree

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**EXAMPLE of Lesson Plan**

**Topic:** Cardiac Emergencies

**Presenter:** Nancy Doe, EMS IC

**Date & Time:** 1/1/2016 1200 hrs.

**Credit Category:** Medical

**License Level:** MFR/EMR, EMT, Specialist/AEMT, Paramedic

**Credits:** 2

**Objectives:**

At the end of this session, the participant of the CE session will:

1. Understand cardiac anatomy and the pathophysiology of cardiac emergencies.
2. Review the history and current AHA treatments.
3. Know the indications and contraindications of cardiac treatments.
4. Know the local outcomes of recent cardiac arrest patients.

**Outline for Lecture Presentation:**

- I. Introductions, Review A&P of the heart
- II. Review all recent AHA guidelines and any updates.
- III. Indications and contraindications of current cardiac treatments
- IV. Review local outcomes of cardiac arrest patients in the prehospital field.
- V. Summary, Questions, Evaluations.

**Student Evaluation Method:**

No formal evaluation of participants will occur.

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

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**Conversion Document for various CE topics**

<b>Category</b>	<b>Possible Topics</b>	<b>Level</b>
<b>Preparatory</b>	A&P, Communicable Disease, Injury Prevention, Patient Handling, IV Therapy, Pharmacology, Medical-Legal, Stress Management	MFR/EMR- minus IV Therapy EMT- minus IV Therapy Specialist/AEMT-All Paramedic-All
<b>Airway</b>	BLS Airway, ALS Airway	MFR/EMR-BLS EMT-BLS and ALS (supraglottic) Specialist/AEMT-ALL Paramedic-ALL
<b>Pt Assessment</b>	Patient assessment	ALL
<b>Medical</b>	Abdominal, Behavioral, Cardiovascular, CNS illness, Diabetic Environmental, OB/GYN, Poisons/OD, Respiratory, AMS	ALL
<b>Trauma</b>	Abdominal injuries, bleeding, hemorrhage, soft tissue, orthopedic, burns, chest injuries, CNS injuries, musculoskeletal injuries, shock, spinal injuries.	ALL
<b>Special Considerations</b>	Geriatrics, special populations	ALL
<b>Special Considerations: Peds Airway</b>	Specific airway issues	ALL
<b>Special Considerations: Peds Assessment</b>	Pediatric assessment, communications	ALL
<b>Special Considerations: Peds Medical</b>	Pediatric medical emergencies	ALL
<b>Special Considerations: Peds Trauma</b>	Pediatric trauma emergencies	ALL
<b>Special Considerations: Peds Med Administration</b>	Practical Medication Administration	Specialist/AEMT and Paramedic *Required practical course*
<b>Operations</b>	Emergency driving, EMS Ops, MCA issues, crime scene awareness, PPE, confined space, communications, documentation	ALL
<b>Operations: Emergency Preparedness</b>	Disaster planning, CBRNE, incident command, triage, WMD, Terrorism, HazMat.	ALL