



Michigan Department of Health and Human Services
 Bureau of EMS, Trauma and Preparedness
 Division of EMS and Trauma
 P.O. Box 30207
 Lansing, MI 48909-0207
 517-335-8150 (Phone)

<p>Notification of change to approved initial education or CE program sponsor</p> <p>Email to: MDHHS-EMSED@michigan.gov</p>	<p>MDHHS USE ONLY</p> <p>Date Received: _____</p> <p>Date Reviewed: _____</p> <p>Date Interim Approval Notice to Sponsor: _____</p> <p>Change Approved: Yes No</p> <p>Approval Signature _____</p>
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For all changes that occur within an approved Initial Education Program Sponsor, or CE program Sponsor, the sponsor must submit this form with required documentation to the Department as soon as changes are known.

Any change to a course or program must be submitted by the program director, with documentation regarding the proposed change at least thirty (30) days prior to the course start date. **This notification must be received by the Education Coordinator at least thirty (30) days prior to the start of the course.** Failure to complete and submit this form as prescribed may result in the education program sponsor approval revocation. If changes are made to an approved course, a Notice of Change form must be submitted as soon as changes are known.

1.

Education Program Sponsor			
Address			
City	State	Zip	County
Sponsor Contact Person	Telephone Number	Email Address	
Program Sponsor Approval #:		Approval Valid Through:	

2. Location Change Shall Occur

Specific Course Location _____ (Building, Room Number) _____ Address _____ _____

3. If this is an application for **Changes to Program Sponsor Information:**

IDENTIFY ANY AND ALL CHANGES MADE SINCE APPROVAL OF PROGRAM SPONSOR APPLICATION

(e.g., change of sponsor representative, change of program director, change of faculty, change of clinical site, etc.) and **attach required documentation.**

- Change in Sponsor Representative
- Change in Program Director
- Notification of Additional Instructors
- Change of clinical site (attach copy of contract)

Other: (Please specify) _____

4. If this is an application for a **Course That Includes Changes:**

a. **ATTACH COURSE SCHEDULE and SUMMARY of CHANGE**

Identify the level of course/s to be provided with this change:

5. _____

Dates of Course: (Includes cognitive, psychomotor, clinical, and field

Start _____ Ending _____

Classroom completed on: _____ Class Hours: _____ Clinical Hours: _____ Internship Hours: _

Specific Course Location _____

(Building, Room Number) _____

Address _____

6. **REQUIRED SIGNATURES**

Program Director:

I affirm my commitment to serve as Program Director and to comply with all MDHHS requirements for education program directors, as described in the program approval packet.

Printed Name of Authorized Program Director	Telephone Number	Email Address
Legal Signature – Program Director	Date	

Program Sponsor Representative:

I affirm that all information submitted with this form is true and that the Program Sponsor continues to comply with all requirements upon which the program sponsor approval was based. The Sponsor assumes full responsibility for this course and will provide necessary oversight of the course.

Printed Name of Authorized Program Sponsor Representative	Telephone Number	Email Address
Legal Signature – Program Sponsor Representative	Date	

Physician Director:

I affirm that all information submitted with this form is true and that the Program continues to comply with all requirements upon which the program sponsor approval was based. I assure responsibility for medical direction of this course and will provide necessary oversight of the course.

Print Name of Physician Director (Please indicate M.D. or D.O.)	Telephone Number	Email Address
Legal Signature - Physician Director		Date

COURSE SCHEDULE

Program Sponsor: _____

Course Level: _____

Course Location: _____

Attach course schedule(s) to application. Schedule must include topics and hours required in MDHHS Education Program Requirements.

Module Number	Date & Time	Didactic Hours	Practical Hours	Topic	Instructor(s)

INSTRUCTIONAL FACULTY

NAME	TITLE	ROLE IN COURSE

ADVISORY COMMITTEE MEMBERS

NAME	TITLE	ADDRESS	PHONE