



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)

Application and Re-approval Application for Continuing Education Program Sponsor

<p style="text-align: center;">MDHHS-BETP Use Only</p> <p>Date received:</p> <p>Date reviewed:</p> <p>EMS Education Program approval:</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	<p>Date amendments received:</p> <p>Date of site visit:</p> <p>Education Coordinator Signature</p>
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This application is to be completed jointly by the Program Sponsor representative and the Program Director. Approval of an education program for EMS is predicated upon completion and submission of this application as prescribed by PA 368 of 1978, as amended. Application rules and compliance with program requirements must be met for this CE program. No courses may be held until the sponsor is approved and lesson plans for proposed topics are approved by MDHHS-BETP.

Approval of this program will be for a period of three (3) years. The re-approval application must be received by the MDHHS-BETP office 60 days prior to the expiration of program. At that time, a site visit will be performed by a designee of BETP to ensure all requirements are met to continue the continuing education program sponsor approval.

If you are applying, or are currently approved as an initial education program sponsor, check this box:

Eligibility for approval is based on the following:

Check appropriate box: (proof of sponsor type must be attached to application at submission)

- | | |
|------------------------------------|--|
| Post-Secondary School | High School/Vocational/Technical School |
| Proprietary School | Adult Education Center |
| Life Support Agency | Hospital |
| U. S. Military | Medical Control Authority |
| Other Business/Governmental | |

Name of Program **Phone#:**

Address: **Website:**

City: **State:** **Zip:**

Email completed application and attached documents to: MDHHS-EMSED@michigan.gov

The program must have a sponsor representative that is responsible for overseeing the entire program. This person is not required to be a licensed provider or EMS Instructor Coordinator.

Program Sponsor Representative Requirements:



Statement outlining the sponsor representative's responsibilities for the education program.

Action plan that identifies how the sponsor will provide oversight of all EMS courses. This plan should include frequent visits to the classroom to observe, and interview students.

Written understanding that the sponsor representative is the responsible person for the program. This document must be signed by the sponsor representative.

Include an additional contact person for the Program Sponsor with their contact information.

Program Director Requirements:



Licensed EMS provider and EMS Instructor Coordinator. Both licenses must be maintained throughout the program approval.

Formal affiliation or written contract must be attached, as well as a copy of licenses and curriculum vitae

Written position description outlining the responsibilities of the program director.

Understanding that an IC approved by the department, and listed on the instructor list, will be in attendance at all continuing education courses, with these exceptions: BLS CPR, subject matter expert. The SME policy is located here:

https://www.michigan.gov/documents/mdhhs/SME-Final_647828_7.pdf

Instructional Faculty Requirements:



All instructors must be proficient in the subject matter that they will be presenting.

Curriculum Vitae/Resume on file with MDHHS-BETP, as well as a copy of their provider and IC license. If instructor does not have an IC license, their CV needs to indicate which topics they are considered subject matter experts in.

Instructor must be employed or contracted with the program sponsor. A copy of their contract or verification letter must be attached.

Instructional Faculty list:

https://www.michigan.gov/documents/mdhhs/Instructional_Faculty_630386_7.pdf

Facility Requirements:



Program sponsor must ensure that all CE sessions will be offered in a facility conducive to learning.

The certificate of approval of program from MDHHS-BETP must be kept in classroom for student verification of approval.

The classroom must have sufficient lighting for day and night classes, sufficient bathroom facilities with an area to wash hands.

Sufficient power sources for AV equipment, and there must be adequate heat/AC/ventilation to maintain a reasonable temperature.

The facility must be handicap accessible unless there is a documented waiver of this requirement.

The lab space must be clean and of sufficient size to carry out the psychomotor portions of the program.

Classroom requirements:

https://www.michigan.gov/documents/mdhhs/Education_Program_Class_Room_Requirements_622937_7.pdf

Check here if on-line format only (no classroom requirements necessary if checked)

Equipment:



Equipment must be available for each CE course approved.

Enough equipment to hold group size to 1 instructor for every 6 students during psychomotor skills.

Equipment requirements:

https://www.michigan.gov/documents/mdhhs/Required_Equipment_Checklist_622939_7.pdf

Check here if on-line format only (no equipment requirements necessary if checked)

Operational Policies:



Policy must be on file describing the maintenance of records:

Education records must be maintained throughout the program approval period, plus five (5) years.

All records belong to the sponsor and must be kept on site.

The CE program sponsor must have in effect a general liability insurance policy that covers personal injury or damages. This policy would cover students, faculty, ancillary staff, volunteer, etc. The recommended amount is a minimum of \$1,000,000. A copy must be attached to this application.

The CE program sponsor will have a document signed by the program sponsor representative that assures financial support of the program throughout the approval period. This document must be attached to this application.

The CE program sponsor will have a policy stating that they comply with the American's with Disabilities Act.

The CE program sponsor will have a published/posted policy for non-discrimination.

The CE program sponsor will have a published/posted policy for sexual harassment.

CE sponsor may wish to have a consortium agreement with other agencies. This signed agreement with another agency must state that the program approval is for the sponsor, and they have the responsibility for all oversight. CE's may only be taught at the consortium site, by an approved instructor, and that all lesson plans, evaluations, and course rosters are maintained by the approved CE program sponsor.

Program Evaluation:



Evaluations will be provided to the CE program sponsor along with a summary of the course evaluations, and an action plan to implement any necessary changes.

Advisory Committee:



The CE program sponsor will have an advisory committee that meets at least annually for the purpose of providing feedback to the program.

The advisory committee should consist of EMS and other healthcare professionals who are actively involved or interact with EMS.

The members of this committee may be current faculty however the majority should not be.

Advisory committee meeting minutes must be kept on file and will be reviewed on MDHHS-BETP site visits.

Advisory Committee member list:

https://www.michigan.gov/documents/mdhhs/Advisory_Committee_630385_7.pdf

CE Application



The application for CE must be completed and submitted with this application.

Along with a completed CE Sponsor Application, up to 10 lesson plans must be included.

If this application is for a renewal of program, CE sponsor application must be attached and all previously approved lesson plans must be listed on the schedule page and submitted with this document.

Additional lesson plans may be added to your program if applied for and approved by the department.

Attach a copy of CE attendance record that will be used for all courses. This attendance record (CHIT or certificate of attendance) must have the program approval number, as well as program director and instructor signature, date of course, category title and number of hours.

Attach a copy of the CE evaluation that will be used for each CE course held.

Links to the required forms:

Application to add CE lesson plans to program

https://www.michigan.gov/documents/mdhhs/CE_Application_BHPPA-EMS_202c_Updated_10-18_635633_7.pdf

CE Approval Guidelines

https://www.michigan.gov/documents/mdhhs/CE_Approval_Guidelines_1017_606454_7.pdf

CE Program Sponsor Renewal:



Attach a summary that includes number of CE courses conducted during approval period, changes made to program based on student evaluations, and any other pertinent information regarding the continuing education program sponsor.

Signature Page:

By signing this document, I affirm that all information submitted in response to this application is true and the continuing education program sponsorship is consistent with MDHHS-BETP rules and regulations. I also affirm that all program instructors possess the knowledge and skills appropriate to their area of instruction and that all classes will be taught in an appropriate educational environment.

I affirm that all CE certificates awarded will be under the direction of this program approval and any documentation of CE completion will exhibit the Program Sponsor approval number and signature of the Program Director and instructor of course held.

MDHHS-BETP reserves the right to request copies of all documentation relevant to the conduct of this program and upon which approval is granted and to make a site visit and follow-up monitoring visits, as deemed appropriate.

I verify that I am the authorized representative of the Program Sponsor, and that I am authorized to sign this application on the Program Sponsor’s behalf. I affirm by my signature that this CE program will follow all course requirements set forth and approved by MDHHS-BETP and that any changes from the information submitted herein will be submitted to the department for approval prior to implementation. **I understand that any misrepresentation of the information provided as part of this application may result in disapproval or revocation of the program.**

Name of Program Sponsor Representative	
Email address:	Phone number:
Signature of Program Sponsor Representative	Date

I affirm my commitment to serve as the Program Director and to comply with all MDHHS-BETP requirements.

Name of Program Director	
Email address:	Phone number:
Signature of Program Director	Date

Both the Program Sponsor representative and the Program Director must complete this application together, and both must be present during the site visit by MDHHS-BETP.

All records for this program must be kept at the approved program sponsor location and maintained for the approval period plus 5 years.