

<p>Email Completed Request to:</p> <p>MDHHS-CE@michigan.gov</p>	<p>MDHHS USE ONLY</p> <p>Received Date:</p> <p>Education Coordinator Signature:</p> <p>CE Topic/s Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Continuing Education Request for education other than Michigan approved EMS CE

Name:

License number:

Program where credits were obtained:

Credits approved in categories:	Date of Completion	Credits Requested
Preparatory		
Airway/Ventilation		
Patient Assessment		
Medical		
Trauma		
Special Considerations		
Special Considerations: Pediatric Airway		
Special Considerations: Pediatric Assessment		
Special Considerations: Pediatric Medical		
Special Considerations: Pediatric Trauma		
Special Considerations: Pediatric Medication Administration		
Operations		
Operations: Emergency Preparedness		

Completion Certificate, education transcript, course description(s) to support EMS CE categories and topics must be included with the request. All requests must be sent to the department at least 90 days prior to license expiration. Submit all documentation to:
MDHHS-CE@michigan.gov