

EMT CONTINUING EDUCATION TRAINING PROGRAM APPLICATION

1. Date of Application: _____ 2. Telephone Number of Program Coordinator: _____
3. Enter, in the box below, name and address of Program Coordinator receiving approved application.

4. Title of program: _____ (attach course outline)

5. Type of Program (check the categories that apply to program submission):

- (a) Mandatory refresher: Basic Intermediate Paramedic level
(b) M & M Conference (ALS)
(c) Continuing education EMT level (s) and hours requested:
 Basic: ___ hrs. Intermediate: ___ hrs. Paramedic: ___ hrs.

6. (a) Program date(s): _____ (b) Class time(s): from _____ to _____

7. (a) Total number of sessions: _____ (b) Total class hours: _____

8. Program location (specific address): _____

9. Primary Instructor's Name: _____ Address: _____

(Please list additional instructors on attached outline)

10. Will this program be open to EMTs outside your agency/department: Yes No

11. The Program Coordinator hereby affirms that the information on this application is true and correct and that the course will conform with the standards set forth in the outline.

Print name: _____ Signature: _____ Date: _____

NOTE: The application and program outline must be submitted to appropriate agency at least 6 weeks prior to the program start date. OEMS will approve Region recommended courses within three weeks after receipt. No program can begin or be advertised as approved prior to receiving an OEMS approval number.

(Region use only) (if a Region or Region personnel participate in the training program, OEMS must review & approve)

12. The Regional training committee recommends program, does not recommend program.
 Region I Region II Region III Region IV Region V

Program reviewed by: _____

Date

Print Name / Title

Authorized Signature

(OEMS USE ONLY)

13. Program meets the requirements for: Continuing Education _____ Basic hrs.
 _____ Level Refresher _____ Intermediate hrs.
 ALS M&M Conference _____ Paramedic hrs.
 The Program does not meet requirements for approval (explanation attached).

Date

Print Name / Title

Authorized Signature

OEMS APPROVAL NUMBER