



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><b>Michigan Dept. of Health and Human Services</b>  <b>Division of EMS, Trauma and Preparedness</b>  <b>EMS Section</b></p> <p>PO Box 30207</p> <p>Lansing, Michigan 48909-0207  <b>Email applications to:</b>  <b>MDHHS-CE@michigan.gov</b></p>	<p><b>MDHHS USE ONLY</b></p> <p>Received Date: _____</p> <p>Returned for Correction(s): _____</p> <p>Corrections Received: _____</p> <p>Date of Final Review: _____</p> <p>Regional Coordinator Signature: _____</p> <p>CE Topic (s) Approved:    Yes    No-Region: _____</p>
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**NOTIFICATION OF INTENT TO CONDUCT A CONTINUING EDUCATION TOPIC**

- 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

**This notification must be received by the Department at least 30 days prior to the start of the first class. This form with a legal signature must be mailed to the Department at the address above or emailed at the email address above.**

Failure to complete and submit this form as prescribed may result in an automatic disapproval. Your application and additional documentation will be reviewed and either returned for deficiencies or approved and a copy returned for your records. A copy will also be maintained on file with MDHHS.

Responsible IC must provide proof of attendance to each individual and maintain in records, a roster of those individuals who attended each CE session. **Chit sheet must have category name on front.**

**For further information regarding CE policies, refer to the CE Approval Guidelines for Continuing Education Programs**

Education Program Sponsor (Not required for Option 1)			
Street Address			
City	State	Zip	County

Instructor Coordinator:

Name	Phone #	E-mail:	
Street Address	IC Level of licensure	I/C#	
City	State	Zip	County

**Notification of cancellations or changes must be provided to the Department prior to their occurrence (when possible).**

**I affirm that all the information submitted in this notification is true and that all presentations will comply with MDHHS requirements and will occur as outlined in this document. I understand that any misrepresentation of the information provided as part of this notification may result in non-approval or revocation of existing approval, or further action by MDHHS.**

Legal Signature of I/C \_\_\_\_\_ Date \_\_\_\_\_

Along with this application, you must attach the following for each class (each date)

- a. Lesson plan including program content and learning objectives  
\*CE's requested with initial education require a course schedule in lieu of an outline and objectives
- b. Name and qualifications of presenter (Not required if requested with initial education)
- c. Sample certificate of attendance that will be used for course.
- d. Evaluation tools to be used (student evaluation of course content and presenter)

EMS Provider Categories	EMS Provider Categories	Instructor/Coordinator Categories
Preparatory	Special Considerations: Pediatrics: Pt. Assessment	Instructional Techniques
Airway Management and Ventilation	Special Considerations: Pediatrics: Medical	Educational Administration
Patient Assessment	Special Considerations: Pediatrics: Trauma	Measurement & Evaluation
Medical	Special Considerations: Pediatrics: Medication Administration *Required Practical	
Trauma	Operations	
Special Considerations	Operations: Emergency Preparedness	
Special Considerations: Pediatrics: Airway		

**CONTINUING EDUCATION SCHEDULE**

Line	Category Name	Specific Topic Title	Date	Time	Specific Location	Number Hours	Number of Credits				
							MFR/EMR	EMT	AEMT	Paramedic	IC
<i>Sample</i>	<i>Trauma</i>	<i>Spinal Injury/Backboarding</i>	<i>1/1/05</i>	<i>1-4p</i>	<i>Name of Business Address Type of facility (agency, hospital, etc).</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>0</i>
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

For additional classes complete another form 202.

Line	Category Name	Specific Topic Title	Date	Time	Specific Location	Number Hours	MFR/EM R	EMT	AEMT	Paramedic	IC
11											
12											
13											
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Line	Category Name	Specific Topic Title	Date	Time	Specific Location	Number Hours	MFR/EM R	EMT	AEMT	Paramedic	IC
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