**EMS CONTINUING EDUCATION PROVIDER**

**APPLICATION REQUIREMENTS CHECKLIST**

EMS CE Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application**

❑ Program Application Form

❑ Memo/Letter Requesting Approval of EMS CE Program

❑ Attendance Record

❑ Schedule

❑ Continuing Education Certificate

 Memo: ❑ Tamper Resistance Method ❑ Duplicate Issuance ❑ Electronic Tracking (if applicable)

**Program Director** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Program Director Application Form

❑ Curriculum Vitae

❑ Copies of Applicable Licenses Type: MD, RN, Paramedic, AEMT, PA

❑ Copies of Applicable Certifications Type: ACLS, BLS, TNCC, ENPC, BTLS, ATLS, PALS, MICN

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Proof of Educational Requirement Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

❑ Attended EMS Orientation ❑ Yes ❑ No Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

❑ Meets Requirements ❑ Yes ❑ No

**Clinical Director** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Clinical Director Application Form

❑ Curriculum Vitae

❑ Copies of Applicable Licenses Type: MD, RN, Paramedic, AEMT, PA

❑ Copies of Applicable Certifications Type: ACLS, BLS, TNCC, ENPC, BTLS, ATLS, PALS, MICN

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Meets Requirements ❑ Yes ❑ No

**Course Relevant to EMS Continuing Education (self-developed)**

❑ Lesson Plan to include:

❑ Course Title (Focus if FCA)

❑ Course Description/Goal

❑ Continuing Education Hours Awarded

❑ Instructional Objectives

❑ Instructor outline and lesson

 (PowerPoint – if applicable)

❑ Materials/equipment needed

❑ References

❑ Student Handouts

❑ Skill Sheets – If pertinent

❑ Performance Evaluation – with answer key

 and passing criteria

❑ Instructor and Course Evaluation

**QI Program with Relationship to Education**

❑ Needs Assessment

❑ Education QI Plan

*Office of Program Approvals Use Only*

❑ Application Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

❑ Application Complete: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ❑ Approved ❑ Denied By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Meets Minimum Yearly CE Hours ❑ Yes ❑ No

❑ Keeps EMS Informed of Program Changes ❑ Yes ❑ No

❑ Approval/Denial Letter Sent Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Period of Approval: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ❑ EMS CEP# 19-\_\_\_\_\_\_\_\_\_\_\_\_

❑ Entered in Training Program Database: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Entered in EMSA Database: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_