**LOS ANGELES COUNTY EMS AGENCY**

**EMS CONTINUING EDUCATION ADVERTISEMENT**

**SCHEDULE/FLYER CHECKLIST**

Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMS CEP # \_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All EMS Continuing Education advertisements/websites must include:**

❑ CE Provider’s name as officially on file with the EMS Agency

❑ CE Provider’s address and phone number

❑ California EMS CE Provider number: 19 - \_\_\_\_\_\_

❑ Number of EMS CE hours granted

❑ Classification: ❑ Instructor Based or ❑ Non-instructor Based

❑ Topic/Description of the course content

❑ Date and Time of course

❑ Location of course (address if different from EMS CE Program Headquarters)

❑ Objectives - may state that “Objectives are available upon request”

❑ Provider’s policy on refunds - if applicable

**Optional - continuing education format**

*Instructor Based:* ❑ *Lecture* ❑ *Field Care Audit* ❑ *College Course*

❑ *Clinical/Field Observation* ❑ *Advanced Topic*

❑ *National/Regional Sponsored Course/Conference*

*Non-Instructor Based:* ❑ *Clinical/Field Precepting* ❑ *Teaching*

❑ *Media/Serial Production*

*Copies of all EMS Continuing Education Advertisements must be sent to the EMS Agency Office of Program Approvals a minimum of 14 days* ***prior*** *to course date.*