

EMS CONTINUING EDUCATION PROVIDER APPLICATION CHECK LIST

CE Provider: _____ Code: _____
Base Hospital, School, Public Provider, Organization, Private

Application

- Packet Sent Date: _____
- Application Received Date: _____
- Copy of Program Completion Record
- Copy of CE Roster
- Monthly CE Calendar/Course Flyers
- Annual CE Summary
- Meets Minimum Yearly CE Hours Yes No Exempt
- Keeps EMS Informed of Program Changes Yes No

Program Director

Name: _____

- CV
- Proof of Educational Requirement Type: _____
- Copies of Applicable Licenses Type: MD, RN, EMT-P, EMT-II
- Copies of Applicable Certifications Type: ACLS, BLS, TNCC, BTLS, ATLS, PALS, MICN,
Other _____
- Attended EMS Orientation Yes No Date: _____
- Meets Requirements Yes No

Clinical Director

Name: _____

- CV
- Copies of Applicable Licenses Type: MD, RN, EMT-P, EMT-II, PA
- Copies of Applicable Certifications Type: ACLS, BLS, TNCC, BTLS, ATLS, PALS, MICN,
Other _____
- Meets Requirements Yes No

Sample Course Outline - (Lesson Plan)

- Course Description
- Instructional Objectives
- Performance Evaluation
- Course/Instructor Evaluation

QI Program with Relationship to Education

- Needs Assessment
- QI Plan

Office of Prehospital Certification/Program Approvals Use Only

- Approved Denied CEP# Issued: 19 - _____ By: _____
- Application Complete Date: _____
- Entered in Data File Date: _____
By: _____
- Approval/Denial Letter Sent Date: _____
By: _____
- Period of Approval: _____

Signature: _____

Educat/Programs CE/Forms