

Maine EMS Continuing Education Hours Approval Request Form

It is recommended that this form be submitted to the regional office seven (7) days prior to the date of the program in order to provide for proper processing.

Name of Program Coordinator: _____

Mailing Address: _____

_____ Daytime Phone #: _____

Program Title: _____

Date: _____

Time: _____

Location: _____

Indicate below the number of hours per category:

- | | | | |
|---------------------------|-----------------------------|---------------------|-----------------------|
| 1. Operations _____ | 2. BLS Topics _____ | 3. BLS Skills _____ | 7. _____ Inst. Coord. |
| 4. ALS Topics _____ | 5. ALS Skills _____ | 6. Electives _____ | 8. _____ EMD Ops |
| 9. EMD Crisis Comm. _____ | 10. EMD Special Needs _____ | | |

Total number of hours for CEH (add all of the above): _____

Instructor(s): _____

Purpose of Program: _____

Methods of Instruction: _____

****Please attach a copy of the program outline to this application****

Signature of person applying: _____

Please return application to:

**NORTHEASTERN MAINE EMS
 354 HOGAN ROAD
 BANGOR, ME 04401**

Approval Section

Cat #	Hrs	CEH #	_____	-	_____	-	_____	-	_____	-	_____
Cat #	Hrs	CEH #	_____	-	_____	-	_____	-	_____	-	_____
Cat #	Hrs	CEH #	_____	-	_____	-	_____	-	_____	-	_____
Cat #	Hrs	CEH #	_____	-	_____	-	_____	-	_____	-	_____

Signature of Approver: _____ Date: _____

Roster Sent: _____ Completed Roster Returned: _____ Original to Maine EMS: _____