

MAINE EMS
Continuing Education Hours (CEH)
Approval Request Form

This form must be submitted to the regional EMS office seven (7) days prior to the date of the program in order to provide adequate time for processing. **Instructor qualifications and an outline of the program must be attached in order to receive program approval.**

Name of Program Coordinator: _____ Office Use Only
Mailing Address: _____ Date Submitted: _____
_____ Date Rec'd: _____

Daytime Phone#: _____ E-Mail address: _____

Program Title: _____ Program Date: _____

Location: _____

Start Time: _____ End Time: _____

List the number of hours requested in each CEH category:

Cat. #	Cat. Name	Hrs. Req.	Cat. #	Cat. Name	Hrs. Req.
1	EMS Operations	_____Hrs	6	EMS Electives	_____Hrs
2	BLS Topics	_____Hrs	7	Instructor Coordinator	_____Hrs
3	BLS Skills	_____Hrs	8	EMD Operations	_____Hrs
4	ALS Topics	_____Hrs	9	EMD Crisis Communications	_____Hrs
5	ALS Skills	_____Hrs	10	EMD Special Needs	_____Hrs

Instructor (s): _____

Methods of Instruction: _____

Have you received approval in the past from the regional EMS Office to deliver this course? Yes No

Signature of person applying: _____

Return the Application to your regional EMS office (See List Below):

<input type="checkbox"/>	Regional Office:	Address:	Tel	FAX
<input type="checkbox"/>	Southern Maine EMS	474 Riverside Industrial Parkway Portland, ME 04103	207-741-2790	207-741-2158
<input type="checkbox"/>	Tri County EMS	300 Main Street, Lewiston, ME 04240	207-795-2880	207-753-7280
<input type="checkbox"/>	Kennebec Valley EMS	71 Halifax Street, Winslow, ME 04901	207-877-0936	207-872-2753
<input type="checkbox"/>	Northeastern Maine EMS	354 Hogan Road, Bangor, ME 04401	207-974-4880	207-974-4879
<input type="checkbox"/>	Aroostook EMS	111 High Street, Caribou, ME 04736	207-492-0342	207-492-0342
<input type="checkbox"/>	Mid Coast EMS	PO Box 610, Union, ME 04862	207-785-5000	207-785-5002

CEH Approved: Cat # _____ Hrs _____ CEH# _____ - _____ - _____ - _____
Cat # _____ Hrs _____ CEH# _____ - _____ - _____ - _____
Cat # _____ Hrs _____ CEH# _____ - _____ - _____ - _____

Signature of Approver: _____ Date: _____

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