

MAINE EMS
Continuing Education Hours
Approval Request Form for Standardized Programs

Office use only
Date Submitted: _____
Date Received: _____
Anticipated
Review Date: _____

A person or organization may request that a continuing education program be included on the MEMS list of Standardized Programs. Inclusion on the list permits MEMS to issue consistent and standard continuing education hours upon presentation of a course completion certificate or card. To qualify for inclusion on the list, the program must meet all of the following criteria. If the program does not meet the criteria, the requesting party should request CEHs through aRegion, Maine EMS or an approved Training Center using the CEH request process.

1. Name of Organization: _____
2. Name of Program Coordinator/Responsible Person: _____
3. Mailing Address: _____
4. City/State/Zip: _____
5. Daytime Phone: _____ 6. Email address: _____
7. Program Title: _____
8. List the number of hours requested in each CEH Category:

Category Name:	Hours Req:	Category Name:	Hours Req:
Operations	_____ hrs	Airway/Respiratory / Ventilation	_____ hrs
Cardiology	_____ hrs	Instructor Coordinator	_____ hrs
Trauma	_____ hrs		
Medical	_____ hrs		

9. Please place an "X" in the box next to each of the following criteria that apply to the program for which the applicant is requesting standardized CEH approval *(Note: All of the following criteria must be applicable for the program to be approved for standardized CEH):*

The standardized CEH program named above:

- ☐ Has statewide applicability
- ☐ Is expected to be offered routinely
- ☐ Has consistency in course length and delivery (little variation from course offering to course offering)
- ☐ Accomplishes consistently identical objectives (little variation from course offering to course offering)
- ☐ Has an accountable, responsible, and easily identifiable party involved with the request
- ☐ Provides CEH certificates that include the category names and hours assigned, or a standard card
- ☐ Has a curriculum and lesson plan
- ☐ Has specifically educated, certified, or trained instructors
- ☐ Has a mechanism to evaluate instructor and course quality
- ☐ Has a mechanism to assess minimum competency of participants such as a written exam or skills competency assessment

10. Have you received past approval from a Maine EMS regional office or Training Center to deliver this course?

_____ Yes _____ No

11. Certification

The Applicant/Applicant's Representative for the standardized CEH program named herein agrees to:

- ✓ *Review and update assigned categories at least every three years, or sooner if program changes occur*
- ✓ *Notify Maine EMS if responsibility for the standardized CEH application changes (e.g.- change in coordinator)*
- ✓ *Provide Maine EMS with a lesson plan, method of instruction, program objectives, student evaluation methods and instructor qualifications*
- ✓ *Keep student course evaluations on file for a period of three years, and make them available to MEMS, upon request*

Signature of Applicant/Applicant's Representative: _____ Date: _____

Return the:

**Application Form:
Lesson Plan;
Method of Instruction;
Program Objectives;
Student Evaluation Methods; and
Instructor(s) Qualifications**

To:

Education Coordinator
via email (preferred) to
maine.ems@maine.gov
If unavailable,
via US Postal Service to
Maine EMS
152 State House Station
Augusta, Maine 04333-0152