ADPH OEMS
Alabama Continuing Medical Education Course Approval Application

Course Registration Form CME1

SEND ORIGINAL FORM TO REGIONAL EMS OFFICE
PLEASE KEEP A COPY OF THIS FORM WITH THE COURSE APPROVAL PACKET

EMS Region: BREMSS County: _____ Application Date: 1/24/17

Sponsoring Agency: _____

Agency Address: _____

_____

_____

Course Coordinator: _____

Coordinator Mobile: _____ Coordinator Office: _____

Coordinator Email: _____

Course Title: _____

_____

Course Dates: _____

Course Type: ☐ Classroom ☐ Skills Lab ☐ Distributive ☐ Hybrid Total CEU Hours: _____

Hours Distribution: Classroom: _____ Distributive: _____ Skills: _____

	EMR	EMT	Advanced	Intermediate	Paramedic
Distribution of CEU hours for each level					

Attesting Statements

To the best of my ability and knowledge, all the statements contained in this application are true and accurately represent the proposed continuing education activity.

Course Coordinator Signature: _____

☐ **THIS COURSE IS OPEN TO THE PUBLIC. PLEASE POST.** ☐ **THIS IS A CLOSED COURSE.**

FOR ADPH OEMS USE ONLY

Date Received: _____ By: _____ Approval Number: _____

Audit Notification Date: _____ Audit Date: _____ Audit Outcome: ☐ Approved ☐ Unapproved

Comment: _____