

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: _____ County: _____ Application Date: _____

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: _____