

Alabama Department of Public Health • Office of Emergency Medical Services  
Alabama Continuing Medical Education Course Approval Application

**INSTRUCTOR INFORMATION**

**Form CME3**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Instructor     Secondary Instructor     CPR Instructor     Skills Assistant     Presenter or Speaker

**Alabama Healthcare Certification Level** (Must provide a copy of the certificate):

Paramedic     Intermediate EMT     Advanced EMT     EMT     EMR     RN    License No. \_\_\_\_\_  
 MD     PharmD     Other \_\_\_\_\_

**Primary and Secondary Instructor Certification** (Must provide copies of certificates):

DOD     DOT     Alabama Fire College     NAEMSE     Other: \_\_\_\_\_

**Education Certifications** (Must provide copies of certificates):

ACLS     ITLS     PALS     PHTLS     AMLS     OTHERS: \_\_\_\_\_

**Other Education**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Experience**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer:

\_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Training Program Affiliation: \_\_\_\_\_

**EACH PARTICIPATING INSTRUCTOR, SKILLS ASSISTANT, AND PRESENTER  
MUST SUBMIT A SEPARATE FORM CME3**