

**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: <input type="checkbox"/> Classroom <input type="checkbox"/> Skills Lab <input type="checkbox"/> Distributive <input type="checkbox"/> Hybrid		Total CEU Hours: _____			
Hours Distribution:    Classroom: _____    Distributive: _____    Skills: _____					
	EMR	EMT	Advanced	Intermediate	Paramedic
Distribution of CEU hours for each level					
<b>Attesting Statements</b>					
<i>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.</i>					
Course Coordinator Signature: _____					
<input type="checkbox"/> THIS COURSE IS OPEN TO THE PUBLIC. PLEASE POST.			<input type="checkbox"/> THIS IS A CLOSED COURSE.		
<b>FOR ADPH OEMS USE ONLY</b>					
Date Received: _____		By: _____		Approval Number: _____	
Audit Notification Date: _____		Audit Date: _____		Audit Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved	
Comment: _____					