



Request Date: _____

NOTICE OF INTENT TO CONDUCT CONTINUING MEDICAL EDUCATION (CME) CLASS

Note: This form MUST be submitted to the Office of EMS & Trauma System at emergencymedical@snhdmail.org at least SEVEN (7) DAYS prior to class start date.

_____ intends to conduct a CME class

beginning on _____ and ending on _____ at _____.

Class hours will be between _____ a.m. p.m. and _____ a.m. p.m. The class

coordinator will be _____.

1. The **first** time the continuing education is offered, submit a copy of the class syllabus lesson plan which indicates:
 - a. The Class title;
 - b. The date and time of the topic(s) to be discussed;
 - c. A detailed outline of each topic;
 - d. The time allotted for each topic;
 - e. The category requested i.e.: ABCs, Medical Emergencies, OB/Peds, Miscellaneous/Elective; **(Complete Table Below)**
 - f. The method of presentation; and
 - g. The instructor(s) names.

NOTE: Any modifications to previously approved classes need to go through a new approval process, which includes a re-submission of a. through f. above.

2. **Each** time the previously approved continuing education class is offered, submit a copy of the class schedule in its entirety which indicates:
 - a. The Class title;
 - b. Date and time;
 - c. Topics to be discussed;
 - d. Number of hours allocated per topic;
 - e. Hours and category; and
 - f. Instructors' names.

Note: A separate Notice of Intent form must be completed for each topic taught:

Category	Hours	Class Topic	Instructor(s)