



Request Date: _____

NOTICE OF INTENT TO CONDUCT EMS CONTINUING MEDICAL EDUCATION (CME) TRAINING

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

_____ intends to conduct a continuing education 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 topics to be discussed;
 - b. a brief outline of each topic;
 - c. the time allotted for each topic;
 - d. the hours and category requested i.e.: Airway, Med/Trauma, Special Patients, Miscellaneous, Skills; **(Complete Table Below)**
 - e. the method of presentation; and
 - f. the instructors' names.

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 date and time;
 - b. the topics to be discussed;
 - c. the number of hours allocated per topic;
 - d. the hours and category; and
 - e. the instructors' names.

Category	Hours	Class Topic	Instructor