



**OFFICE OF EMS AND TRAUMA
LOCAL MEDICAL DIRECTOR REQUEST FOR
CONTINUING EDUCATION APPROVAL NUMBER
FORM T-05-A**

Instructions: This form is to be used when the CE has been approved by the local medical director.

Section I

Requester's Name:		Date:
Requester's Phone Number:	Requester's Email:	
Service Name:	Service License Number:	
Local Medical Director's Name:	Local Medical Director's Signature:	

Section II

Course Title:	
Course Date(s):	CE Hours Requested:
Course Location:	
Instructor(s):	
Course Outline or Syllabus: (Attach additional sheets if necessary)	

As a condition of approval, the service is required to provide a Certificate or Letter of Completion to all persons who successfully complete the CE course. The certificate or letter shall include at a minimum the CE course date, the CE course approval number, and the number of CE hours completed.

Section III

Date:	<input type="checkbox"/> Approved for _____ CE hours	<input type="checkbox"/> Disallowed <small>(reason is attached)</small>
CE Approval Number:	CE Approval Expiration Date:	
Signature OEMS Official:		