



GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

Form T-05-A

LOCAL MEDICAL DIRECTOR REQUEST FOR CONTINUING EDUCATION APPROVAL NUMBER

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 Address
	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	Approved for	CE hours	Disallowed (reason is attached)
	CE Approval Number	CE Approval Expiration Date		
	Signature OEMS Official			