



GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

Form T-05-B

NON-MEDICAL DIRECTOR REQUEST FOR APPROVAL OF CONTINUING EDUCATION

Instructions: This form is to be used when the CE has been requested by someone other than a local medical director.

Section I	Requester's Name Date Course Sponsor Requester's Phone Number Requester's Email
Section II	Course Title Course Date(s) CE Hours Requested Course Location Instructional Method(s) 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 Approval Number CE Approval Expiration Date CE hours Disallowed (reason is attached) Signature OEMS Official
--------------------	---