



OFFICE OF EMS AND TRAUMA
NON-MEDICAL DIRECTOR REQUEST FOR APPROVAL
OF CONTINUING EDUCATION
FORM T-05-B

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 sponsor 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 (reason is attached)
CE Approval Number:	CE Approval Expiration Date:	
Signature OEMS Official:		