11/20/2020

#### Request a new course



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# Click on Trainings, then Requests, then Apply for Course Approval

📑 App	ining							Apply For Cour	se Approval
Req Reg	age Courses uests istrations	Training	GO CLEAR	Select Trainin	g Created On 🗸	Select Status	Location	Submitted Date	Closing Date

## Course Types and Course Names

- Initial Course EMR

   Initial EMR Course
- Initial Course EMT

   Initial EMT Course
- Initial Course AEMT

   Initial AEMT Course
- Initial Course AEMT/Paramedic Combined

   Initial AEMT Course
  - Initial Paramedic Course
- Initial Course Paramedic

   Initial Paramedic Course

Add/Edit Training	Details	
* Course Type:	Select Course Type	~
* Course Name:	Select Course Name 🗸	
Training Number:	Select a Course Type	<b>Find your</b>
Region Held:	Select Region Held 🗸	
Approving Region:	Select Approving Region	program
Training Sponsor:	Select Training Sponsor	~
* Location:	- Location -	
* Trainer:	- Trainer - 🖤	
Co-Instructor:		
Medical Director:	Select Medical Director	
Description:		
		1
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Multiple Dates:	Yes O No  Selecting "Yes" will add the Multiple Dates tab allowing you to replicate this training for multiple dates
* Start Date and Time:	mm / dd / yyyy IIIIToday
End Date and Time:	mm / dd / yyyy Today
Test Date:	mm / dd / yyyy Today
Allow Registration:	OYes ●No Selecting Yes' will allow public users to register for this class.
Attendee Signup Start:	mm / dd / yyyy Today
Attendee Signup End:	mm / dd / yyyy III Today
Attendee Max Count:	
Additional Informat * How will this course be delivered? (select all that apply): Is this Course Open to other agencies or	tion         Instructor-Led (In-Person Lecture)         Instructor-Led (In-Person Lab/Skill)         Instructor-Led (In-Person Lecture)         Instructor-Led (In-Person Lecture)
Closed to only your agency?:	
Closed to only your agency?: Conference Name:	
Closed to only your agency?: Conference Name: Physical Address of Course:	f
Closed to only your agency?: Conference Name: Physical Address of Course: Course Fee (if Free - indicate Free):	F

#### Do NOT enter any topics here

If you are applying for an Initial Course populate the topics and hours in the re	e, <u>DO NOT</u> enter any Topic Hou equest (they just don't show he	irs as the Course Nai ere).	ne will pre-
Hours for initial education courses wil	ll be defaulted in the system, b	ut not shown on this	page.
If you are applying for an NCCR cours those. You will see the hours once the course, it will not be approved. If you a you will need to submit an additional of Operations, 2.5 Pediatrics, 1.5 Trauma (total of 20 for Trauma (total of 25 for KENT). Parametic includes	e. <u>DO NOT</u> enter any Topic Hot course is approved - if you ad are planning to offer more hou course approval. As an FYI, EMT NO or EMT). AEMT includes 2.5 Airway, 5 Carr of S. Airway, 6 Carrise of Madrial Constru- tion of Matrix 1 Construction of Madrian Construction of Matrix 1 Construction of Madrian Construction of Matrix 1 Construction of Matrix 1 Construction of Matrix 1 Construction of Matrix 1 Construction of Matrix 1 Construction	ITS - we have already d to the Topic Hours rs than are specified CCR includes 1.5 Airway, 4 C liac, 7.5 Medical, 4.5 Operati tions 3 Prediatics 3 Traum	pre-populated here for an NCCR in NCCR, then ardiac, 6 Medical, 4.5 ons, 2.5 Pediatrics, 3 (Medic 60 bits for
Paramedic).	3.5 Alfway, 6 Cardiac, 8.5 Medical, 6 Oper		a (total of 30 hrs for
Paramedic).	3.5 Aliway, 6 Cardiac, 6.5 Medical, 6 Oper		Add Topic
Parametic).	3.5 Aliway, 6 Cardiac, 6.5 Medical, 6 Oper	Completed Hou	Add Topic
Topics	S.5 Aliway, 6 Cardiac, 6.5 Medical, 6 Oper	Completed Hou	Add Topic

#### Don't add **Documents** right now

Details   Topical Hours   Documents   Tests   Confirmation	
You must upload your course information (preferably as a PDF), which should clearly show topics/instructors/content covered. Documents that must be uploaded: 1. Course Schedule/Agenda and 2. Course Curriculum/Outline	
If you are submitting training for Post-Licensure Skills for Paramedics, you must also upload a letter approval for this training from your medical director.	er of
Upload a De	ocument
Name Description	
No records	
Save and Continue Cancel	

### Don't add **Tests** right now

Details   Topical Hours   D	ocuments Tests Confirmation	
		Add a Test
Name Desci	iption	Testing Date
No records		

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# Click Request Training

Details   T	opical Hours	Documents   Tests   Confir	mation	
Details			Documents	
Name: Initial	Paramedic Course		No Document Uploaded	
Description:	agetrend Test 2		Tests	
Trainer: FAK	EFAKE, DavidFake	J (P031081)	No Tests Added	
Topics No Topics Ad	ded			
Multiple D	ates			
	Number	Training Date	Attendee Signup	Test Date
Course 1		11/15/2020 to 11/15/2020		

#### Click on the Course You just Requested

	My Traiı	ning Requests						
						F	Apply For Cour	se Approval
	mm/dd/yyyy	to mm/dd/yyyy	Select Trainin	ng Created On 🗸	Select Status	~		
	Training	GO CLEA	R					
	Name 🔺	Number	Status	Training Date	Trainer Name	Location	Submitted Date	Closing Date
$\langle$	Initial Paramed	lic Cour GA-PMDC-2020-INIT-0	0 Requeste d	10/23/2020	DavidFake FAKEFA KE	Imagetrend Test 2	10/23/2020	11/22/2020

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#### Click on Topics



## Enter Hours

• Use Spreadsheet on website

Topics	Completed Hours	Delete
IE: Summative Review - Airway, Respiration, Ventilation (Didactic In Person)	0.00	
IE: Summative Review - Airway, Respiration, Ventilation (Distance Education)	0.00	
IE: Summative Review - Airway, Respiration, Ventilation (Lab)	0.00	
IE: Summative Review - Assessment (Didactic In Person)	0.00	
IE: Summative Review - Assessment (Distance Education)	0.00	
IE: Summative Review - Assessment (Lab)	0.00	
IE: Summative Review - EMS Operations (Didactic In Person)	0.00	
IE: Summative Review - EMS Operations (Distance Education)	0.00	
IE: Summative Review - EMS Operations (Lab)	0.00	
IE: Summative Review - Medicine (Didactic In Person)	0.00	
IE: Summative Review - Medicine (Distance Education)	0.00	
IE: Summative Review - Medicine (Lab)	0.00	
IE: Summative Review - Pathophysiology (Didactic In Person)	0.00	
IE: Summative Review - Pathophysiology (Distance Education)	0.00	
IE: Summative Review - Pathophysiology (Lab)	0.00	
IE: Summative Review - Pharmacology (Didactic In Person)	0.00	
IE: Summative Review - Pharmacology (Distance Education)	0.00	
IE: Summative Review - Pharmacology (Lab)	0.00	
IE: Summative Review - Preparatory (Didactic In Person)	0.00	



#### 11/20/2020

ТОРІС	Hours
IE: Summative Review - Airway, Respiration, Ventilation (Didactic In Person)	
IE: Summative Review - Airway, Respiration, Ventilation (Distance Education)	
IE: Summative Review - Airway, Respiration, Ventilation (Lab)	
IE: Summative Review - Assessment (Didactic In Person)	
IE: Summative Review - Assessment (Distance Education)	
IE: Summative Review - Assessment (Lab)	
IE: Summative Review - EMS Operations (Didactic In Person)	
IE: Summative Review - EMS Operations (Distance Education)	
IE: Summative Review - EMS Operations (Lab)	
IE: Summative Review - Medicine (Didactic In Person)	
IE: Summative Review - Medicine (Distance Education)	
IE: Summative Review - Medicine (Lab)	
IE: Summative Review - Pathophysiology (Didactic In Person)	
IE: Summative Review - Pathophysiology (Distance Education)	
IE: Summative Review - Pathophysiology (Lab)	
IE: Summative Review - Pharmacology (Didactic In Person)	
IE: Summative Review - Pharmacology (Distance Education)	
IE: Summative Review - Pharmacology (Lab)	
IE: Summative Review - Preparatory (Didactic In Person)	
IE: Summative Review - Preparatory (Distance Education)	
IE: Summative Review - Preparatory (Lab)	
IE: Summative Review - Shock and Resuscitation (Didactic In Person)	
IE: Summative Review - Shock and Resuscitation (Distance Education)	
IE: Summative Review - Shock and Resuscitation (Lab)	
IE: Summative Review - Special Patient Populations (Didactic In Person)	
IE: Summative Review - Special Patient Populations (Distance Education)	
IE: Summative Review - Special Patient Populations (Lab)	
IE: Summative Review - Trauma (Didactic In Person)	
IE: Summative Review - Trauma (Distance Education)	
IE: Summative Review - Trauma (Lab)	
Initial Education: Airway/Respiration/Ventilation: Airway Management (Didactic In Person)	
Initial Education: Airway/Respiration/Ventilation: Airway Management (Distance Education)	
Initial Education: Airway/Respiration/Ventilation: Airway Management (Lab)	
Initial Education: Airway/Respiration/Ventilation: Artificial Ventilation (Didactic In Person)	
Initial Education: Airway/Respiration/Ventilation: Artificial Ventilation (Distance Education)	

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#### Click Save



# Click on Documents, Upload Agenda, Syllabi, Student Handbooks, etc.

Details   Topics	s   <u>Documents</u>   Tests				
					Upload a Document
Name 🔺	Туре	File	Size	Modified	User
No Records					

# Select Initial Education Supporting Document

Document Uplo	ad		
* Name: * Description:			
* Document Type: * File Upload: Bave & Back	Select Document Type Select Document Type ACS - Other Documentation ACS Pre-Review Questionnaire CLIA Certificate Continuing Education Critical Care Staff GA Agency License Certificate Georgia Medic License Card Hospital Activation Policy Hospital Chicail Protocols Hospital Chicailon Roter Initial Education Roster Initial Education Supporting Document License Certification Card Transfer Agreements	<pre> 4. pdf, png, ppt, pptx, tif, xls, xlsx  d. Inc. </pre>	* required

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