



GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

Form T-05-A

LOCAL MEDICAL DIRECTOR REQUEST FOR APPROVAL OF CONTINUING EDUCATION

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

SECTION I

Date _____ Requester's Name _____ Phone Number _____

Email Address _____ Service Name _____

Service License Number _____ Local Medical Director's Name _____

Local Medical Director Signature _____

SECTION II

Course Title _____ Course Date(s) _____

Total CE Hours Requested _____ Course Location _____

Content Hours Requested Trauma _____ Cardiac _____ Pediatric _____

General _____ NCCR/Refresher Class _____ Instructor _____

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, the number of CE hours completed, must also include content area and number breakdown if multiple content areas approved.

SECTION III

Approved for _____ Total Hours Approved _____ Disallowed (reason is attached) _____

To be completed if multiple content areas approved in this education:

Trauma _____ Cardiac _____ Pediatric _____ General _____

CE Approval Number _____ CE Expire Dates _____

Signature OEMS Official

Date
