

Michigan Dept. of Community Health Bureau of Health Policy, Planning & Access EMS and Trauma Systems Section 201 Townsend Street Lansing, Michigan 48913 MDCHEMSCONTINUINGED@michigan.gov	MDCH USE ONLY	
	Received Date: <u>4/20/15</u>	
	Returned for Correction(s): _____	
	Corrections Received: _____	
	Date of Final Review: <u>4/23/15</u>	
Signature for Approval: <u>[Signature]</u>		
Approval # : <u>2393</u>	Region: <u>5</u>	

NOTIFICATION OF INTENT TO CONDUCT A CONTINUING EDUCATION TOPIC

- ☐ Option 1 - For use by an Instructor Coordinator offering courses independently
- ☒ Option 2 - For use by an approved Initial Education Program Sponsor offering continuing education credits during an initial education course

This notification must be received at least 30 days prior to the start of the first class. This form may be sent by e-mail or regular US mail to the Department at the address above.

Failure to complete and submit this form as prescribed may result in an automatic disapproval.

Your application and additional documentation will be reviewed and either returned for deficiencies or approved and a copy returned for your records. A copy will also be maintained on file with MDCH.

Responsible IC must provide proof of attendance to each individual and maintain in records, a roster of those individuals who attended each CE session.

For further information regarding CE policies, refer to the CE Approval Guidelines for Continuing Education Programs

Education Program Sponsor (Not required for Option 1)			
Luce County Ambulance Service			
Street Address			
910 Washington Blvd. PO Box 364			
City	State	Zip	County
Newberry	MI	49868	Luce

Instructor Coordinator:		Phone #	E-mail:
Name	Aimee Lynn Harju	906-293-8871	aharjuemtp@yahoo.com
Street Address	I/C# <u>2393</u>		
910 Washington St. PO Box 364			
City	State	Zip	County
Newberry	MI	49868	Luce

Notification of cancellations or changes must be provided to the Department prior to their occurrence (if possible).

I affirm that all the information submitted in this notification is true and that all presentations will comply with MDCH requirements and will occur as outlined in this document. I understand that any misrepresentation of the information provided as part of this notification may result in non-approval or revocation of existing approval, or further action by MDCH.

Signature of I/C Aimee Harju

Digitally signed by Aimee Harju
DN: cn=Aimee Harju, o=Luce County Ambulance Service, email=aharjuemtp@yahoo.com, c=US
Date: 2015.04.15 11:15:53 -0400

Date 4-15-2015

Line	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format	Number Hours	Number of Credits					
						Lecture Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC	
7	1	Patient Handling	7/13/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	2 2	2	2	2	2	2	
8	3	Sample History - Assessment Scene, Diagnostic Signs	7/23/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	2 2	2	2	2	2	2	
9	3	Assessment Trauma, Ongoing Assessment	7/27/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	2 2	2	2	2	2	2	
10	3	Patient Assessment - Putting it all together	8/3/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	4 0	4	4	4	4	4	
11	2	Airway Management	8/10/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	2 2	2	2	2	2	2	
12	2	Oxygen Therapy - Advanced Airway	8/20/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	2 2	2	2	2	2	2	
13	2	Airway - Combitube	8/24/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	2 2	2	2	2	2	2	
14	5	CPR	8/31/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	2 2	2	2	2	2	2	
15	5	CPR-AED	9/3/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	2 2	2	2	2	2	2	
16	4	Shock IV Maintenance	9/10/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	2 2	2	2	2	2	2	
17	4	Bleeding Injuries, Soft Tissue Injuries, Abdominal Injuries	9/14/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	3 1	3	3	3	3	3	
18	4	Musculoskeletal and Upper Extremity Injuries	9/17/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	3 1	3	3	3	3	3	

Along with this application, you must attach the following for each class (each date)

- Lesson plan including program content and learning objectives
- CE's requested with initial education require a course schedule in lieu of an outline and objectives
- Name and qualifications of presenter (Not required if requested with initial education)
- Sample certificate of attendance
- Evaluation tools to be used (student evaluation of course content and presenter)

Practical means: supervised or critiqued hands-on practice or simulation achieving identified psychomotor objectives.

Category Code	EMS Provider Categories	Category Code	EMS Provider Categories	Category Code	Instructor/Coordinator Categories
1	Preparatory	5	Medical	10	Instructional Techniques
2	Airway Management and Ventilation	6	Special Considerations	11	Measurement and Evaluation
3	Patient Assessment	7	Operations	12	Educational Administration
4	Trauma				

CONTINUING EDUCATION SCHEDULE

Line	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format	Number Hours	Number of Credits					
						Lecture Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC	
Sample	4	Spinal Injury/Backboarding	11/1/05	1-4p	Room 101 Lake Community College 123 Main St. Anywhere, MI	Lecture Practical (Hands-on or Skill)	1 2	1 2	1 2	1 2	1 2	0 0	
31	1	Pharmacology	11/2/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	3 1	3 1	3 1	3 1	3 1	3 1	
32	4	Respiratory Emergencies, Chest Injuries	11/5/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	3 1	3 1	3 1	3 1	3 1	3 1	
33	5	Cardiovascular Emergencies	11/9/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	3 1	3 1	3 1	3 1	3 1	3 1	
34	5	Environmental Emergencies	11/12/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	2 2	2 2	2 2	2 2	2 2	2 2	
35	5	Obstetrics and Gynecology	11/19/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	2 2	2 2	2 2	2 2	2 2	3 2	
36	5	Diabetic Emergencies	11/23/15	6-10p	LCA	Lecture Practical (Hands-on or Skill)	2 2	2 2	2 2	2 2	2 2	2 2	

For additional classes complete another form 202.

* Refer to Conversion Document for topics under each category.