## PLEASE KEEP THIS FORM WITH THE COURSE APPROVAL PACKET

Alabama Department of Public Health • Office of Emergency Medical Services

Alabama Continuing Medical Education Course Approval Application

|                    | CME COURSE RO | CME COURSE ROSTER |            | Form CME4 |  |
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| Course Title:      |               |                   |            |           |  |
| Sponsoring Agency: |               |                   |            |           |  |
|                    | Signatura     |                   |            |           |  |
| Name (Print)       | Signature     | AL EMSP Number    | EMSP Level | C/I       |  |
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Signature of course coordinator: