

**ADPH OEMS  
Alabama Continuing Medical Education Course Approval Application  
Course Registration**

**Form CME1**

**SEND ORIGINAL FORM TO REGIONAL EMS OFFICE  
PLEASE KEEP A COPY OF THIS FORM WITH THE COURSE APPROVAL PACKET**

EMS Region: _____		County: _____		Application Date: _____		
Sponsoring Agency: _____						
Agency Address: _____						
Course Coordinator: _____						
Coordinator Mobile: _____			Coordinator Office: _____			
Coordinator Email: _____						
Course Title: _____						
Course Dates: _____						
Course Type:		<input type="checkbox"/> Classroom	<input type="checkbox"/> Skills Lab	<input type="checkbox"/> Distributive	<input type="checkbox"/> Hybrid	Total CEU Hours: _____
Hours Distribution:		Classroom: _____	Distributive: _____	Skills: _____		
		EMR	EMT	Advanced	Intermediate	Paramedic
Distribution of CEU hours for each level						

**Attesting Statements**  
*To the best of my ability and knowledge, all the statements contained in this application are true and accurately represent the proposed continuing education activity.*

Course Coordinator Signature: \_\_\_\_\_

*The advanced information, procedures, and skills have been approved by the agency medical director.*

Agency Medical Director Signature: \_\_\_\_\_  No ALS Material

**THIS COURSE IS OPEN TO THE PUBLIC. PLEASE POST.**       **THIS IS A CLOSED COURSE.**

FOR ADPH OEMS USE ONLY

Date Received: _____	By: _____	Approval Number: _____
Audit Notification Date: _____	Audit Date: _____	Audit Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved
Comment: _____		

ADPH OEMS

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**Course Outline**

**Form CME2**

Course Title: _____ Sponsoring Agency: _____ Course Date(s): _____
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Date	Start	Stop	Topic	Instructor	Total Time

Signature of course coordinator: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

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Alabama Department of Public Health • Office of Emergency Medical Services  
Alabama Continuing Medical Education Course Approval Application

**INSTRUCTOR INFORMATION**

**Form CME3**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Instructor     Secondary Instructor     CPR Instructor     Skills Assistant     Presenter or Speaker

**Alabama Healthcare Certification Level** (Must provide a copy of the certificate):

Paramedic     Intermediate EMT     Advanced EMT     EMT     EMR     RN    License No. \_\_\_\_\_  
 MD     PharmD     Other \_\_\_\_\_

**Primary and Secondary Instructor Certification** (Must provide copies of certificates):

DOD     DOT     Alabama Fire College     NAEMSE     Other: \_\_\_\_\_

**Education Certifications** (Must provide copies of certificates):

ACLS     ITLS     PALS     PHTLS     AMLS     OTHERS: \_\_\_\_\_

**Other Education**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Experience**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer:

\_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Training Program Affiliation: \_\_\_\_\_

**EACH PARTICIPATING INSTRUCTOR, SKILLS ASSISTANT, AND PRESENTER  
MUST SUBMIT A SEPARATE FORM CME3**

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**CME COURSE ROSTER**

**Form CME4**

Course Title: \_\_\_\_\_  
 Sponsoring Agency: \_\_\_\_\_  
 Course Date(s): \_\_\_\_\_

Name (Print)	Signature	AL EMSP Number	EMSP Level	C/I

Signature of course coordinator: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

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