

APPLICATION FOR MASSACHUSETTS DPH
APPROVAL FOR CONTINUING EDUCATION PROGRAM

1) GENERAL INFORMATION: (Type or print legibly in black or blue ink)

TITLE OF PROGRAM		NAME OF SPONSOR	
SPONSOR'S EMAIL		SPONSOR'S PHONE #	
SPONSOR'S MAILING ADDRESS (STREET)		CITY	STATE
NAME OF PRIMARY INSTRUCTOR		INSTRUCTOR'S CERTIFICATION # (if applicable)	
PRIMARY INSTRUCTOR'S EMAIL		INSTRUCTOR'S PHONE #	

2) METHOD OF INSTRUCTION (SELECT ONLY ONE): (Refer to AR 2-212 for definition of instructional methods)

<input type="checkbox"/> T1 – In Person, Single Occurrence	<input type="checkbox"/> T2 – In Person, Blanket (Multiple Occurrences)	<input type="checkbox"/> T3 – Distributive Education (DE)	<input type="checkbox"/> T4 – Pre-Identified Standardized Courses (To be issued by OEMS)	<input type="checkbox"/> T5 – Virtual Instructor Led Training (VILT)
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3) PROGRAM TYPE (SELECT ONLY ONE):

<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input type="checkbox"/> Continuing Education Program Hours:
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****Please note, when entering number of hours do not include breaks or topics that are not eligible for credit hours in accordance with AR 2-212. You may apply for half and quarter hours****

4) DATES AND LOCATION OF PROGRAM:

START DATE: (MM/DD/YY)	START TIME:	END DATE: (MM/DD/YY)	END TIME:
ADDITIONAL DATES AND TIMES			CAN EMTs OUTSIDE YOUR AGENCY ATTEND?: <input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICAL LOCATION ADDRESS (STREET)		CITY	STATE

5) AFFIRMATIONS:

- a. The applicant hereby affirms that they comply with, and will continue to comply with, all relevant federal and state laws, including but not limited to, federal and state anti-discrimination statutes, M.G.L. c. 111C; regulations, including but not limited to 105 CMR 170.000 and 105 CMR 700.000, and the Department's Administrative Requirements, the Statewide Treatment Protocols, policies and advisories.
- b. The applicant hereby affirms that the information on this application is true and correct and that the course will conform with the standards set forth in the attached outline.

NOTE: The individual whose name appears below is the listed official representative of the applicant, and must have authority to sign all necessary program documents.

Sponsor's Official Representative: (Print)	Signature:	Date:
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OFFICIAL USE ONLY:

Regional Council or OEMS Reviewer: (Print)	Regional Council or OEMS Reviewer: (Signature)
Approval Number: ____ - R__ - ____ - T__	Date Approved: