



**Connecticut Department of Public Health
Office of Emergency Medical Services**



Application to Conduct EMS Continuing Education

| Instructor Information | | | |
|--|--|---|--|
| Name: | | | |
| Email Address: | | | |
| Website: | | Phone: | |
| EMS Certification # | | Expiration: | |
| EMSI Certification # | | Expiration: | |
| Other Qualification: | (only for CME) | | |
| EMS Continuing Education Program Information | | | |
| Start Date: | | End Date: | |
| Class Days/Times:* | | | |
| Method: | <input type="checkbox"/> F1 Live One Time | <input type="checkbox"/> F2 Live Ongoing | <input type="checkbox"/> F3 Distributive <input type="checkbox"/> F5 Live Video Instructor |
| Location:* | | | Open or Closed Course |
| Town/City:* | | | Open Closed |
| *Ongoing (F2) programs may be listed as "Varies" for Class Days/Times, Location and Town/City. | | | |
| Physician Medical Director Information | | | |
| Physician: | | | |
| Physician Email: | | | |
| EMS Education Program Type | | | |
| <input type="checkbox"/> EMR NCCR | 8 hr. | All NCCR programs must follow the NREMT outline provided for the appropriate level and must be conducted by a certified EMS instructor. Continuing Medical Education programs may be conducted by a certified EMS instructor or other subject matter expert. Attach qualifications when submitting CME application. | |
| <input type="checkbox"/> EMT NCCR | 20 hr. | | |
| <input type="checkbox"/> AEMT NCCR | 25 hr. | | |
| <input type="checkbox"/> Paramedic NCCR | 30 hr. | | |
| <input type="checkbox"/> Continuing Medical Education | Hours: | Topic: | |
| Instructor Certification | | | |
| Certification | I certify that the EMS education program listed herein complies with and will continue to comply with the current Office of Emergency Medical Services Education Manual. I am aware of the requirements of Regulations pertaining to EMS education in RSA 19a-179-17 . | | |
| Signature | | Date: | |

Submit this form via email to dph.emsi@ct.gov

Attach the following:

- Course outline, lesson plan or syllabus with date, time, location, topic and faculty (For NCCR courses, no outline or lesson plan is needed. Use NREMT outline linked above)
- Sample of course completion certificate
- Medical director sponsorship (T-3 Form or letter)