MASSACHUSETTS **OFFICE OF EMERGENCY MEDICAL SERVICES**

DPH/OEMS 200-46 ConEd App 06/2019

APPLICATION FOR MASSACHUSETTS DPH APPROVAL FOR CONTINUING EDUCATION PROGRAM

IENEKAL INFORIVIA	<u>пои:</u> (тур	be or print legibly	in black or blu	ie 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 #				
METHOD OF INSTRU	CTION (SI	ELECT ONLY ONE): (Refer to AR	2-212 for	definition	of instructiona	al met	hods)	
T1 – T2 – n Person, Single In Person, Blanket Occurrence (Multiple Occurrences)			T3 – Distributive Education (DE)		T4 – Pre-Identified Standardized Courses (To be issued by OEMS)		T5 – Virtual Instructor Led Training (VILT)		
ROGRAM TYPE (SEI	ECT ONLY	Y ONE):							
30 Hour Paramedic NCCR 20 H			20 Hour EMT NO	MT NCCR ☐ Continuing Ed			ucation Program Hours		
apply for half and quar	ter hours**	•	include breaks or	topics that a	re not eligibl	e for credit hours	in acco	ordance	with AR 2-212. You r
START DATE: (MM/DD/YY) START TIME:				END DATE: (MM/DD/YY)		YY) END TIME:			
DDITIONAL DATES AND	TIMES							OUR AGE	NCY ATTEND?:
PHYSICAL LOCATION ADDRESS (STREET)				СІТУ			STATE		
The applicant hereby limited to, federal an CMR 700.000, and th The applicant hereby set forth in the attac	id state ant ne Departm affirms th hed outline	ti-discrimination st nent's Administrati nat the information e.	atutes, M.G.L. c. ve Requirements on this applicati	111C; regu s, the Statev on is true a	lations, incl wide Treatn nd correct	uding but not li nent Protocols, and that the cou	mited t policie urse wi	to 105 s and a ill confo	CMR 170.000 and 1 dvisories. orm with the standa
Sponsor's Official Representative: (Print)				Signature:			Date:		
IAL USE ONLY:									
Regional Council or OEMS Reviewer: (Print)				Regional Council or OEMS Reviewer: (Signature)					
Approval Number:				Date Approved:					
	ONSOR'S EMAIL ONSOR'S MAILING AD AME OF PRIMARY INST CIMARY INSTRUCTOR'S METHOD OF INSTRU T1 - Person, Single currence ROGRAM TYPE (SEI 30 Hour Parame **Please note, when e apply for half and quar MATES AND LOCATIO ART DATE: (MM/DD/Y DDITIONAL DATES AND SEFIRMATIONS: The applicant hereby limited to, federal an CMR 700.000, and th The applicant hereby set forth in the attac The individual whose am documents. CIAL USE ONLY:	ONSOR'S EMAIL ONSOR'S MAILING ADDRESS (STAME OF PRIMARY INSTRUCTOR AME OF PRIMARY INSTRUCTOR CIMARY INSTRUCTOR'S EMAIL METHOD OF INSTRUCTION (STATE OF COMPANY OF	ONSOR'S EMAIL ONSOR'S MAILING ADDRESS (STREET) AME OF PRIMARY INSTRUCTOR SIMARY INSTRUCTOR'S EMAIL METHOD OF INSTRUCTION (SELECT ONLY ONE) T1 -	ONSOR'S EMAIL ONSOR'S MAILING ADDRESS (STREET) AME OF PRIMARY INSTRUCTOR AMETHOD OF INSTRUCTION (SELECT ONLY ONE): (Refer to AR IT 1— T2— T3— Distrile Education (DE Courrence) ROGRAM TYPE (SELECT ONLY ONE): 30 Hour Paramedic NCCR 20 Hour EMT NOT 10 Hours and 10 Hour Emails or 10 Hours and 10 Hours	ONSOR'S EMAIL ONSOR'S MAILING ADDRESS (STREET) CITY AME OF PRIMARY INSTRUCTOR INSTRUCT AME OF PRIMARY INSTRUCTOR INSTRUCT AMETHOD OF INSTRUCTION (SELECT ONLY ONE): (Refer to AR 2-212 for In Person, Single (Multiple Occurrences) In Person, Single (Multiple Occurrences) ROGRAM TYPE (SELECT ONLY ONE): 30 Hour Paramedic NCCR **Please note, when entering number of hours do not include breaks or topics that a apply for half and quarter hours** ATES AND LOCATION OF PROGRAM: ART DATE: (MM/DD/YY) START TIME: END DAT DITIONAL DATES AND TIMES INSICAL LOCATION ADDRESS (STREET) CITY **FIRMATIONS: The applicant hereby affirms that they comply with, and will continue to complimited to, federal and state anti-discrimination statutes, M.G.L. c. 111C; regu CMR 700.000, and the Department's Administrative Requirements, the States the applicant hereby affirms that the information on this application is true a set forth in the attached outline. The individual whose name appears below is the listed official representative and documents. Final USE ONLY:	NAME OF SPONSOR ONSOR'S EMAIL ONSOR'S MAILING ADDRESS (STREET) CITY AME OF PRIMARY INSTRUCTOR INSTRUCTOR'S CERT IMARY INSTRUCTOR'S EMAIL INSTRUCTOR'S CERT IMARY INSTRUCTOR'S EMAIL INSTRUCTOR'S CERT INSTRUCTOR'S C	NAME OF SPONSOR NAME OF SPONSOR SPONSOR'S EMAIL ONSOR'S MAILING ADDRESS (STREET) CITY INSTRUCTOR'S CERTIFICATION # (if a summary instruction of instruction instruction of instruction of instruction of instruction of instruction instruction of instruction of instruction instruction of instruction instruction of instruction instruction instructio	NAME OF SPONSOR ONSOR'S EMAIL ONSOR'S EMAIL ONSOR'S MAILING ADDRESS (STREET) CITY MAME OF PRIMARY INSTRUCTOR INSTRUCTOR'S CERTIFICATION # (if applice instruction) # (if applice	NAME OF SPONSOR NAME OF SPONSOR SPONSOR'S PHONE # ONSOR'S EMAIL ONSOR'S MAILING ADDRESS (STREET) CITY INSTRUCTOR'S CERTIFICATION # (if applicable) IMARY INSTRUCTOR'S EMAIL INSTRUCTOR'S PHONE # AETHOD OF INSTRUCTION (SELECT ONLY ONE): (Refer to AR 2-212 for definition of instructional methods) T1- Person, Single In Person, Blanket (Multiple Occurrences) ROGRAM TYPE (SELECT ONLY ONE): 30 Hour Paramedic NCCR 20 Hour EMT NCCR Continuing Education Program He **Please note, when entering number of hours do not include breaks or topics that are not eligible for credit hours in accordance apply for half and quarter hours** INSTRUCTOR'S PHONE # DITIONAL DATE: (MM/DD/YY) START TIME: END DATE: (MM/DD/YY) END TIME: DITIONAL DATES AND TIMES CAN EMTS OUTSIDE YOUR AGE INSTRUCTION ADDRESS (STREET) CITY SEFIRMATIONS: The applicant hereby affirms that they comply with, and will continue to comply with, all relevant federal and state la limited to 105 CMR 700.000, and the Department's Administrative Requirements, the Statewide Treatment Protocols, policies and a the applicant hereby affirms that the information on this application is true and correct and that the course will confirm set forth in the attached outline. The individual whose name appears below is the listed official representative of the applicant, and must hove author and occurrents. INSTRUCTOR'S PHONE # INSTRUCTOR'S PHONE # INSTRUCTOR'S CERTIFICATION # (if applicable) INSTRUCTOR'S PHONE # INSTRUCTOR'