

APPLICATION FOR MASSACHUSETTS DPH
APPROVAL FOR CONTINUING EDUCATION PROGRAM

OVERVIEW & ELIGIBILITY

This application is to be used by non-accredited training providers to apply for OEMS continuing education approval, in accordance with 105 CMR 170.964. Along with the application, a program (course) outline with objectives and instructor qualifications must be attached for each program for which the applicant is seeking approval. The application is to be submitted at least 3 week prior to program start date. No program may be advertised or occur prior to receiving approval. This application is to be sent to the applicable Regional EMS Council if the program sponsor’s primary place of business is within Massachusetts. Program sponsors who have a primary place of business outside Massachusetts are to submit the application directly to OEMS. At the discretion of OEMS, state agencies may apply directly to OEMS for program approval.

APPLICATION CHECKLIST - SPONSOR

- APPLICATION** Complete the application for OEMS continuing education approval of an EMS training program.
- OUTLINE** Include an outline that clearly identifies program objectives and subject matter. Please refer to Administrative Requirement (AR) 2-212, EMS Continuing Education Standards for what topics are not eligible to receive approval for continuing education credit hours. This can be found on our website: <http://mass.gov/dph/oems>. Following the application is a recommended outline sample.
- INSTRUCTOR QUALIFICATIONS** Identify name and phone number of primary instructor (even if the program sponsor is the primary instructor). Include qualifications such as “EMT”, “Paramedic”, “I/C”, “RN”, “MD”, etc. Identify additional instructors along with their credentials (include resume information for each) on attached course outline.

Submit the complete packet to the regional EMS council based on sponsor’s mailing address:

Region 1: Western Mass EMS 168 Industrial Park Drive Northampton, MA 01060 wmems@wmems.org www.wmems.org	Region 2: Central Mass EMS Corp. 361 Holden Street Holden, MA 01520 ConEd@cmemsc.org www.cmemsc.org	Region 3: Northeast EMS, Inc 110 Haverhill Road, Suite 226 Amesbury, MA 01913 education@neems.org www.neems.org
Region 4: Metro Boston EMS Council 25 B Street Burlington, MA 01803 region1vconed@mbemsc.org www.mbemsc.org	Region 5: 824 Oak Street Suite 207 Brockton, MA 02301 ems@semaems.com www.semaems.com	OEMS: (For out of state sponsors) 67 Forest Street Marlborough, MA 01752 oems.coned@state.ma.us www.mass.gov/dph/oems

Please check your application for completion and legibility. If your application is incomplete or illegible, it will be returned and program approval will be delayed.

As a reminder, in accordance with AR 2-212, course completion documentation must be provided to the EMT at the completion of the course. Program sponsors shall issue course completion certificates or provide attendees with a copy of the roster signed by the instructor and student. The program sponsor is responsible for retaining the original signed roster for seven years. If personnel have Massachusetts EMT certification, they are to use that certification number on the attendance roster, and not another state or NREMT certification number. Please reference AR 2-212 for what a course completion certificate must contain.

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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 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:

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Recommended Format for a Continuing Education Outline

1. **TOPIC** - Write a brief descriptive title of the program/subject to be covered
2. **PREREQUISITE** - These are the minimum requirements (if any) for participation in the program (e.g., if there is a prior course EMTs must attend or prior sessions of a multi-session program)
3. **PURPOSE** - State why the program is being offered
4. **OBJECTIVES** - List what you expect the student to be able to do or know after s/he has completed the program. Objectives should be stated explicitly to the students at the beginning of the course and also serve to determine what the instructor will evaluate at the end of the program. Examples: "The student will demonstrate appropriate application of a traction splint." "The student will explain the pathophysiology of COPD versus CHF."
5. **COURSE FORMAT** - Indicate how the course will be delivered (e.g. lecture, group discussion, skills sessions)
6. **FACULTY** - Identify the lead instructor's qualifications and any assisting instructors or guest speakers with credentials
7. **REFERENCES** - List the material(s) that the instructor used to plan the course (e.g., textbooks, journal articles, online references)
8. **RESOURCES** - List teaching aides to be used (e.g., slides, videos, EMS equipment, manikins)
9. **EVALUATION** - Indicate how the course objectives will be measured with examples to review (e.g., written exam/quiz, verbal evaluation through question/answer, skills demonstration)
10. **CONTENT** - Provide details outlining the material to be presented and give the exact times devoted to each section to ensure the course content will meet the desired learning objectives. Outlines should be sufficiently detailed so that the range of material to be covered is clear and logically presented.