

**Maine EMS 2007
Continuing Education Hours
Approval Request Form**

This form must be submitted to the regional office seven (7) days prior to the date of the program in order to provide for proper processing. **** An outline must be attached for program approval.**

Name of Program Coordinator: _____

Mailing Address: _____

Daytime Phone#: _____ email address: _____

Program Title: _____

Date: _____ Start Time: _____ End Time: _____

Location: _____

Category of credit requested and number of hours per category:

- 1. EMS Operations _____
- 2. BLS Topics _____
- 3. BLS Skills _____
- 4. ALS Topics _____
- 5. ALS Skills _____
- 6. Elective _____
- 7. Instructor _____
- 8. EMD Operations _____
- 9. EMD Crisis Communications _____
- 10. EMD Special Needs _____

Instructor(s) _____

Signature of Person applying: _____

**Please Return to:
Tri-County EMS
300 Main St.
Lewiston, ME 04240**

Cat. # _____	Hrs _____	CEH # _____	- _____	- _____	- _____	- _____	- _____
Cat. # _____	Hrs _____	CEH # _____	- _____	- _____	- _____	- _____	- _____
Cat. # _____	Hrs _____	CEH # _____	- _____	- _____	- _____	- _____	- _____
Cat. # _____	Hrs _____	CEH # _____	- _____	- _____	- _____	- _____	- _____
Signature of Approver: _____						Date: _____	