

**MAINE EMS
Continuing Education Hours (CEH)
Approval Request Form**

This form must be submitted to the regional EMS office or authorized Training Center seven (7) days prior to the date of the program. **Instructor qualifications and an outline of the program must be attached.**

Name of Program Coordinator: _____ Office Use Only
 Mailing Address: _____ Date Submitted: _____
 _____ Date Rec'd: _____

Daytime Phone#: _____ E-Mail address: _____

Program Title: _____ Program Date: _____

Location: _____ Instructors: _____

Start Time: _____ End Time: _____

This training was developed as a result of a Quality Improvement initiative. _____

List the number of hours requested in each CEH category:

Cat. Name	Hrs. Req.		Cat. Name	Hrs. Req.
Preparatory, Operations	_____Hrs		Obstetrics, Pediatrics	_____Hrs
Airway, Breathing, Circulation	_____Hrs		BLS Skills	_____Hrs
Assessment	_____Hrs		ALS Skills	_____Hrs
Medical	_____Hrs		Instructor Coordinator	_____Hrs
Trauma	_____Hrs			

Return the Application to your regional EMS office or an authorized Training Center (See List Below)

Regional Office or Training Center:	Address:	Tel	FAX
▪ Southern Maine EMS	176 Narrangansett St. Gorham 04038	207-741-2790	188898SMEMS
▪ Southern Maine Community College (SMCC)	2 Fort Road, S Portland ME 04106	207-741-5649	N/A
▪ Tri County EMS	300 Main Street, Lewiston, ME 04240	207-795-2880	207-795-2476
▪ APEMS Northeastern Maine EMS, Kennebec Valley EMS, Mid-Coast EMS	354 Hogan Road, Bangor, ME 04401	207-974-4880	207-974-4879
▪ Aroostook EMS	111 High Street, Caribou, ME 04736	207-492-1624	207-492-1624
▪ Northern Maine Community College (NMCC)	33 Edgemont Drive Presque Isle, ME 04769	207-768-2756	207-760-1173
▪ National College of Technical Instruction (NCTI)	15 Ossipee Trail West, Standish, ME 04084	207-642-6285	207-642-6284
▪ United Ambulance Service	192 Russell St. Lewiston, ME 04240	207-782-8414	207-777-6010

Approved by: _____ **Date:** _____

Course number: _____