## 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:				
Day	ytime Phone#:	E-Mail	address:			
Pro	gram Title:			Pro	gram Date: _	
		Instructors:				
Start Time:		End Time:				
Lis	t the number of hours reques		H category:		No.	Has Dan
Cat. Name		Hrs. Req.		C	at. Name	Hrs. Req.
Preparatory, Operations				Obstetrics, P	ediatrics	Hrs
•				BLS Skills		Hrs
•				ALS Skills		Hrs
Medical Trauma		Hrs Instructor C		Coordinator	Hrs	
Ret	turn the Application to your re	gional EMS of	fice or an autho	rized Traini	ng Center (Se	e 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
•	Northern Maine Community College (NMCC)				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
Apı	proved by:		Dat	e:		
C	uraa numbari					