

## PLEASE TYPE OR PRINT CLEARLY

I verify that this course will comply with stated course objectives and estimated time requirements for the course specified above.

Date \_\_\_\_\_

Date submitted to Regional EMS Council:

## Sequential Number

9/24/02

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| <b>CONTINUING EDUCATION CLASS REGISTRATION FORM INSTRUCTIONS</b> |
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Please type or print all information. Class registrations received that are unreadable will be returned. **When completed, this Registration Form must be sent to the regional EMS council serving the area where the last class session will be held.**

*Sponsor Name:* The name of the accredited continuing education sponsor as it appears on the sponsor's accreditation application is placed here.

*Sponsor ID#:* The number issued by the sponsor's regional EMS council is inserted here.

*Course Title:* Place the title of the course you are registering as it appears on the Approved Course List in the space provided.

*Class Location(s):* The location of the class or classes should be listed here. If a course schedule is attached, mark the check box below.

*Student Cost/Tuition Fees:* Place in this space the total cost to a student for required materials and any tuition. This item is not used to determine the approval or disapproval of a class.

*Open/Closed Class:* Check beside the appropriate response. If the class is open to any interested EMS person, and you want the regional EMS council to share this information, check *Open Class*. If the course is only open to a limited audience of EMS personnel, and you do not want the regional EMS council to share this information with interested individuals, check *Closed Class*. Marking either space does not affect the approval or disapproval of your class.

*Class Starts:* Date and time that the first class session will be held.

*And Will be Held on the Following Dates and Times:* List all dates and times that the class will convene, or attach a course schedule.

*Class Ends:* Date and time that the class will be finished.

*Lead Instructor:* Place the name of the lead instructor for the class in this space. The lead instructor is the individual primarily responsible for the instructional staff and the material taught during the con-ed class. Only list one name here.

*Qualifications:* List the qualifications of the lead instructor here. The lead instructor must meet the minimum qualifications for the course. If the lead instructor does not meet the minimum qualifications for the course, the class will be disapproved.

*For information about this class, contact:* List the name of the individual that interested EMS personnel should contact to enroll in the class or receive general information about the class.

*Contact Phone Number:* Place in this space the contact's phone number. Please list daytime and/or evening numbers if applicable.

*Date Submitted to Regional EMS Council:* Enter the date the Registration Form was mailed/sent to the regional EMS council.

**Regional EMS Council Use Only**

*Date Received:* Enter the date the registration form was received.

*Approved:* If the class registration form meets the following criteria, the regional EMS council shall approve the class, initialing in the space provided. All of the following criteria must be met to approve a class:

- Application must be complete.
- The Course Title and Course Number must be correct and listed on the most current Approved Course List (Attachment 1).
- The Lead Instructor must meet the minimum qualifications established for the course. The minimum qualifications for each course are listed on Attachment 1.

*Denied:* If any of the above listed criteria are not met, the class shall be denied, and the regional EMS council shall initial in the space provided. The reason for the denial must be clearly stated, and communicated to the sponsor.

*Class Number:* After a class is approved, the regional EMS council shall issue a class number. This class number must be placed in the space provided on the Continuing Education Completion Form (Appendix F). The class number consists of a region number, course ID number, and sequential number starting with the calendar year.

*Date Sponsor Notified:* The regional EMS council must notify the sponsor of its decision to approve/disapprove the class within 10 business days of receipt of the completed class registration form.

*Return Materials By:* All course materials for the program must be returned to the regional EMS council by this date.