

**APPROVAL FOR EMERGENCY MEDICAL SERVICES 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 included for each program for which the applicant is seeking approval. The application is to be submitted *at least 30 days prior* to program start date. No program may be advertised or occur prior to receiving approval. Any program without the appropriate course approval number will not be eligible to receive credit. This application shall 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 topics that are not eligible to receive approval for continuing education credit hours. Additional information can be found on OEMS’ website: <http://mass.gov/dph/oems>. Following the application is a course outline sample. The outline must describe student evaluation methods and/or how student engagement is documented.

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

<b>Region 1:</b> Western Mass EMS P.O. Box 1278 Northampton, MA 01061 <a href="mailto:wmems@wmems.org">wmems@wmems.org</a> <a href="http://www.wmems.org">www.wmems.org</a>	<b>Region 2:</b> Central Mass EMS Corp. 361 Holden Street Holden, MA 01520 <a href="mailto:ConEd@cmemsc.org">ConEd@cmemsc.org</a> <a href="http://www.cmemsc.org">www.cmemsc.org</a>	<b>Region 3:</b> Central Mass EMS Corp. 361 Holden Street Holden, MA 01520 <a href="mailto:region3coned@cmemsc.org">region3coned@cmemsc.org</a> <a href="http://www.cmemsc.org">www.cmemsc.org</a>
<b>Region 4:</b> Metro Boston EMS Council 31 Smith Place Cambridge, MA 02138-1007 <a href="mailto:region1Vconed@mbemsc.org">region1Vconed@mbemsc.org</a> <a href="http://www.mbemsc.org">www.mbemsc.org</a>	<b>Region 5:</b> 824 Oak Street Suite 207 Brockton, MA 02301 <a href="mailto:ems@semaems.com">ems@semaems.com</a> <a href="http://www.semaems.com">www.semaems.com</a>	<b>OEMS:</b> (For out of state and state/federal agency sponsors) 67 Forest Street, Suite 100 Marlborough, MA 01752 <a href="mailto:oems.coned@mass.gov">oems.coned@mass.gov</a> <a href="http://www.mass.gov/dph/oems">www.mass.gov/dph/oems</a>

Please check your application for completion and legibility. If your application is incomplete or illegible, an email notification will be sent to the course sponsor and program approval will not be awarded.

T1, T2 and T4 courses must utilize Form 200-59, OEMS Continuing Education Roster, or equivalent, and must provide appropriate course completion documentation to each EMT attendee within 48 hours of course completion. Programs are expected to implement formative and/or summative evaluations and employ reasonable methods to encourage and monitor student engagement in accordance with all Department requirements.

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**1) GENERAL INFORMATION:** (Type or print legibly in black or blue ink)

PROGRAM TITLE	SPONSOR NAME	
SPONSOR EMAIL	SPONSOR PHONE #	
SPONSOR MAILING ADDRESS (STREET)	CITY	STATE
PRIMARY INSTRUCTOR NAME	ADDITIONAL INSTRUCTOR NAME(S)	
PRIMARY INSTRUCTOR EMAIL	INSTRUCTOR PHONE #	

**2) METHOD OF INSTRUCTION (SELECT ONLY ONE):** (Refer to AR 2-212 for definitions 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"/> T5 – Virtual Instructor Led Training (VILT)
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**3) PROGRAM TYPE:**

<input type="checkbox"/> Full NCCR Program ___ 20 hours ___ 25 hours ___ 30 hours	<input type="checkbox"/> Continuing Education	<input type="checkbox"/> NCCR Content? List below:	<input type="checkbox"/> M&M Rounds (no outline required)	Total Continuing Education 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		MAY EMTs OUTSIDE YOUR AGENCY ATTEND? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHYSICAL LOCATION STREET ADDRESS, including building and room (if not T3 or T5 course approval)		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 and/or course explanation.
- c. **You must notify the region and OEMS with T1, T2 and T5 course date/time, course meeting links (i.e. Zoom), and any program changes as they occur, including cancellations.**

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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Sample Continuing Education Outline of Requirements

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 program completion. Objectives should be stated explicitly to the students at the beginning of the course and outline 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, distributive, VILT, etc.)
6. **FACULTY** - Identify the lead instructor's qualifications and any assisting instructors or guest speakers with credentials. Instructor resume may be requested by the approving agency.
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, mannequins).
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.