

<b>Michigan Dept. of Community Health EMS and Trauma Systems Section</b> 320 S. Walnut St. Lansing, Michigan 48913	<b>MDCH USE ONLY</b>	
	Received by Regional Coordinator: Date _____	
	Returned for Correction(s): _____	
	Corrections Received: _____	
	Date of Final Review: _____	
Regional Coordinator Signature: _____		
Approval #: _____ Region: _____		

**NOTIFICATION OF INTENT TO PROVIDE CONTINUING EDUCATION  
Within an Initial Education Course**

**For use by an approved Initial EMS Education Program Sponsor to offer CE credits during an Initial Education Program.**

**This notification must be received by the Regional Coordinator at least 30 days prior to the start of the first class.** An original document must be mailed to the Regional Coordinator of the region where the class will be held. Failure to complete and submit this form as prescribed may result in an automatic disapproval. The Regional Coordinator will review your program and either return it for deficiencies or approve and forward it to MDCH.

The responsible IC must provide proof of attendance to each individual and maintain on file, a roster of those individuals who attended each CE session. **For further information, refer to the Standardized EMS CE Credit Guide "Approval Guidelines for Continuing Education Programs"**

Program Sponsor <b>Marquette General Health System</b>		Program Approval # <b>P-06-0140</b>	Expiration Date <b>2/28/09</b>
Program Location <b>M.G.H.</b>		Room # <b>N.M.U. U.C. Room # 2306</b>	
Street Address <b>580 W. College Avenue</b>			
City <b>Marquette</b>	State <b>Michigan</b>	Zip <b>49855</b>	County <b>52-Marquette</b>

Program Course Coordinator:

Name <b>Cheryl Koppinger</b>		Phone # <b>906 225-7590</b>	Phone # <b>906 339-2948</b>
Street Address <b>580 W. College Avenue</b>		I/C# <b>3205001803</b>	
City <b>Marquette</b>	State <b>Michigan</b>	Zip <b>49855</b>	County <b>52-Marquette</b>

Level of Course:	MFR <input checked="" type="checkbox"/> EMT <input type="checkbox"/> EMT-Specialist <input type="checkbox"/> Paramedic <input type="checkbox"/> I/C <input type="checkbox"/>
Course Starting Date:	<u>9/10/07</u> Course Ending Date: <u>12/05/07</u>
Are the Classes open to outside students:	YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/> (If yes, classes will be listed on SWM website CE calendar) Yes

**Notification of cancellations or changes must be provided to the Regional Coordinator prior to their occurrence (if possible). A revised schedule must be forwarded to the Regional Coordinator.**

**I affirm that all the information submitted in this notification is true and that all presentations will comply with MDCH requirements and will occur as outlined in this document. I understand that any misrepresentation of the information provided as part of this notification may result in non-approval or revocation of existing approval, or further action by MDCH.**

Signature of Course Coordinator (I/C) \_\_\_\_\_ Date \_\_\_\_\_

Along with this application, you must attach the following for each class (each date)

- a. Sample certificate of attendance
- b. Evaluation tools to be used (student evaluation of course content and presenter)

**Practical means:** supervised or critiqued hands-on practice or simulation achieving identified psychomotor objectives.

Category Code		Categories			Category Code	Categories		Category Code	Instructor/Coordinator			
1		Preparatory			5	Medical		10	Instructional Techniques			
2		Airway Management and Ventilation			6	Special Considerations		11	Measurement and Evaluation			
3		Patient Assessment			7	Operations		12	Educational Administration			
4		Trauma										
Lesson	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format		Number Hours	Number of Credits			
						Lecture	Practical (Hands-on or Skill)		MFR	EMT-B	EMT-S	EMT-P
1	1 Preparatory	Course Introduction, Introduction to the EMS System, EMS Systems Operations	9/10/07	6-10p	N.M.U. University Center Room #2306 Marquette, MI 49855	Lecture	4	4	4	0	0	0
						Practical (Hands-on or Skill)	0	0	0	0	0	0
2	1 Preparatory	Medical Legal Issues Well Being of the MFR	9/12/07	6-10p	"	Lecture	3	3	3	0	0	0
						Practical (Hands-on or Skill)	1	1	1	0	0	0
3	1 Preparatory	The Human Body (A & P)	9/17/07	6-10p	"	Lecture	4	4	4	0	0	0
						Practical (Hands-on or Skill)	0	0	0	0	0	0
4	5 - Medical	Cardiovascular Disease Shock / Mast	9/19/07	6-11p	"	Lecture	3	3	3	0	0	0
						Practical (Hands-on or Skill)	2	2	2	0	0	0
5	5 - Medical	CPR	9/24/07	6-10p	"	Lecture	3	3	3	0	0	0
						Practical (Hands-on or Skill)	1	1	1	0	0	0
6	5 - Medical	CPR & Introduction to AED	9/26/07	6-10p	"	Lecture	2	2	2	0	0	0
						Practical (Hands-on or Skill)	2	2	2	0	0	0
7	5 - Medical	AED	10/01/07	6-10p	"	Lecture	1	1	1	0	0	0
						Practical (Hands-on or Skill)	3	3	3	0	0	0

For additional classes complete another form 202a.

\* Refer to Conversion Document for topics under each category.

Who should be listed in CE calendar to be contacted for questions about these classes (if other than IC listed on page one):

Name: Dennis Karuzas 906-225-7590

	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format		Number Hours	Number of Credits				
						Lecture	Practical (Hands-on or Skill)		MFR	EMT-B	EMT-S	EMT-P	I/C
8	5 - Medical	CPR/AED Testing Written & Practical	10/03/07	6-10p	"	Lecture		2	2	2	0	0	0
						Practical (Hands-on or Skill)		2	2	2	0	0	0
9	2 - Airway Management & Ventilation 5 - Medical	Intro. to Airway Management & Oxygen Therapy, Respiratory Emergencies	10/08/07	6-10p	"	Lecture		3	2/1	2/1	0	0	0
						Practical (Hands-on or Skill)		1	1/0	1/0	0	0	0
10	1 Preparatory	Communicable Disease Clinical Orientation	10/10/07	6-10p	"	Lecture		3	3	3	0	0	0
						Practical (Hands-on or Skill)		1	1	1	0	0	0
11	3 – Patient Assessment	Communication & Documentation	10/15/07	6-10p	"	Lecture		3	3	3	0	0	0
						Practical (Hands-on or Skill)		1	1	1	0	0	0
12	1 Preparatory	Lifting & Moving Patients	10/17/07	6-10p	"	Lecture		2	2	2	0	0	0
						Practical (Hands-on or Skill)		2	2	2	0	0	0
13	3 – Patient Assessment	Patient Assessment Baseline Vital Signs	10/22/07	6-10p	"	Lecture		2	2	2	0	0	0
						Practical (Hands-on or Skill)		2	2	2	0	0	0
14	2 - Airway Management & Ventilation 4 - Trauma	Chest Injuries & Airway Management	10/24/07	6-10p	"	Lecture		2	1/1	1/1	0	0	0
						Practical (Hands-on or Skill)		2	1/1	1/1	0	0	0
15	2 – Airway Management & Ventilation	Airway Testing Written & Practical	10/29/07	6-10p	"	Lecture		1	1	1	0	0	0
						Practical (Hands-on or Skill)		3	3	3	0	0	0
16	1 - Preparatory 4 - Trauma	Traumatic Injuries I Musculoskeletal Injuries & Burns	11/03/07	9a-5p	"	Lecture		5	2/3	2/3	0	0	0
						Practical (Hands-on or Skill)		3	0/3	0/3	0	0	0
17	4 - Trauma	Traumatic Injuries II Bleeding & Soft Tissue, Facial, Head & Spinal, ABD injuries	11/05/07	6-10p	"	Lecture		3	3	3	0	0	0
						Practical (Hands-on or Skill)		1	1	1	0	0	0
18	5 - Medical	Abdominal Illness Central Nervous System	11/07/07	6-10p	"	Lecture		4	4	4	0	0	0
						Practical (Hands-on or Skill)		0	0	0	0	0	0
19	5- Medical 3- Patient Assessment	Diabetes, Behavioral Emergencies, Geriatrics, Poisons & Substance Abuse	11/12/07	6-10p	"	Lecture		4	3/1	3/1	0	0	0
						Practical (Hands on or Skill)		0	0/0	0/0	0/0	0/0	0/0

Lesson	Cat.	Specific Topic Title*	Date	Time	Specific Location	Course Format		Number Hours	Number of Credits				
						Lecture	Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
20	<b>5 – Medical 6 – Special Considerations</b>	Environmental Emergencies OB/GYN Emergencies	11/19/07	6-10p	"	Lecture		2	1/1	1/1	0	0	0
						Practical (Hands-on or Skill)		2	1/1	1/1	0	0	0
21	<b>6 – Special Considerations</b>	Pediatrics & Pediatric Assessment & Triage	11/26/07	6-10p	"	Lecture		3	3	3	0	0	0
						Practical (Hands-on or Skill)		1	1	1	0	0	0
22	<b>7 Operations</b>	Hazardous Materials	11/28/07	6-10p	"	Lecture		2	2	2	0	0	0
						Practical (Hands-on or Skill)		2	2	2	0	0	0
23	<b>7 Operations</b>	Rescue / Extrication	12/01/07	9a-5p	"	Lecture		3	3	3	0	0	0
						Practical (Hands-on or Skill)		5	5	5	0	0	0
24	<b>1 Preparatory</b>	Course Review	12/03/07	6-10p	"	Lecture		2	2	2	0	0	0
						Practical (Hands-on or Skill)		2	2	2	0	0	0