



GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

Form T-05-B

NON-MEDICAL DIRECTOR REQUEST FOR APPROVAL OF CONTINUING EDUCATION

Instructions: This form is to be used when the CE has been requested by someone other than a local medical director.

Section I

Date	Requester's Name	Requester's Phone Number
Course Sponsor	Requester's Email	

Section II

Course Title	Course Date(s)
Total CE Hours Requested	Course Location
Content Hours Requested	Trauma Cardiac Pediatric General NCCR/Refresher Class
Instructional Method(s)	Instructor(s)
Course Outline or Syllabus: (Attach additional sheets if necessary)	

As a condition of approval, the service is required to provide a Certificate or Letter of Completion to all persons who successfully complete the CE course. The certificate or letter shall include at a minimum the CE course date, the CE course approval number, the number of CE hours completed, must also include content area and number breakdown if multiple content areas approved.

Section III

Approved for	Total Hours Approved	Disallowed (reason is attached)	To be completed if multiple content areas approved in this education:			
CE Approval Number	CE Approval Expire Dates		Trauma	Cardiac	Pediatric	General

Signature OEMS Official

Date