

**FLORIDA DEPARTMENT OF HEALTH/ BUREAU OF EMS  
APPLICATION FOR REVIEW OF CONTINUING EDUCATION OFFERING**

A. \_\_\_\_\_

COURSE/PROGRAM TITLE

(Include list of behavioral objectives)

B. COURSE OUTLINE: (Attach and include subject matter)

C. FACULTY: (Attach current CV for each instructor)

D. MEDICAL DIRECTOR: (Attach current contract, CV, and copy of current license)

E. AGENDA: (Attach and include teaching strategies)

DATE(S) OFFERED: \_\_\_\_\_

LOCATION(S): \_\_\_\_\_

F. FORM FOR STUDENT EVALUATION OF COURSE/ INSTRUCTORS:(Attach)\_

G. NUMBER OF CONTACT HOURS REQUESTED: \_\_\_\_\_

H. VOIDED CERTIFICATE WITH SPACE FOR APPROVAL CODE: (Attach)

PERSON REQUESTING APPROVAL FOR CONDUCTING COURSE / PROGRAM:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City-State-Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

SUBMIT THIS COMPLETED APPLICATION FORM WITH ALL REQUESTED ATTACHMENTS AND A CERTIFIED CHECK OR MONEY ORDER FOR THREE HUNDRED DOLLARS (\$300) TO THE ADDRESS BELOW. APPLICANTS MAY SUBMIT TO THE DEPARTMENT ADDITIONAL COURSES FOR APPROVAL DURING THE RECERTIFICATION CYCLE WITHOUT PAYING AN ADDITIONAL FEE.

EMS TRAINING COORDINATOR  
BUREAU OF EMS  
4052 Bald Cypress Way, BIN C 18  
TALLAHASSEE, FLORIDA 32399-1738  
Phone: (850) 245-4440  
FAX: (850) 245-4378

**FOR INTERNAL BUREAU USE ONLY**

Received by: \_\_\_\_\_

Received date: \_\_\_\_\_

Approval Code: \_\_\_\_\_

**Fee validation information printed below**

## PROCEDURES FOR CONTINUING EDUCATION OFFERING

1. Submit a completed application with all relevant material and appropriate fee to the Bureau of EMS at least sixty (60) days prior to the date of the offering.
2. If the offering is approved, you will be notified of the contact hour assignment and approval code.
3. If the offering is not approved, you will be notified and the reason(s) will be explained.

### REVIEW STANDARDS

#### A. Behavioral objectives:

1. Describe expected learner outcomes in terms that can be evaluated, are attainable and are relevant to current USDOT/NSC.
2. Determine teaching methodology and plan for evaluation.
3. Courses such as American Red Cross and American Heart Association CPR and ACLS will be reviewed to determine if there is sufficient documentation that they were conducted consistent with national standards, or that they have been reviewed and approved by another state's EMS Office, or by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).

#### B. Subject matter:

1. Must reflect the professional educational needs of the student.
2. Currency and accuracy will be documented by references/ bibliography.

#### C. Faculty qualifications:

1. Provide evidence of academic credentials or expertise in the subject matter.
2. When the subject matter includes advanced life support, a physician, nurse or paramedic with expertise in the content area must be involved in the planning and instruction.

#### D. Medical Direction:

1. Provide evidence of current contract with a Florida physician who has experience in emergency medicine, trauma or appropriate certification in prehospital care.
2. Responsibilities of physician must be clearly stated on contract.

#### E. Teaching strategies:

1. Appropriate learning experiences and teaching methods are utilized to achieve the objectives.
2. Adult education principles are employed in teaching strategies.
3. Sufficient time is allowed for each activity to ensure a reasonable opportunity for each student to meet the objectives.

#### F. Evaluation methods:

Evidence shall be submitted that participants are given an opportunity to evaluate learning experiences, instructional methods, facilities and resources used.

#### G. Contact hour criteria:

1. All offerings shall be at least fifty (50) minutes in length which is equivalent to (1) contact hour.
2. Increments of twenty-five (25) minutes will be accepted if the offering extends beyond one (1) contact hour.

### **NOTE:**

A voided sample of the certificate being issued, with a space for approval code, must be submitted for the file.

A master list of participants shall be maintained by the CE provider to verify, if necessary, proof of completion.