

APPLICATION FOR A CONTINUING EDUCATION OFFERING

General Instructions: The following forms must be submitted for continuing education offerings presented in Mississippi for EMS Continuing Education.

1. Applications must be postmarked, or in the BEMS office, at least 30 days prior to the date of the offering.
2. No offering shall be presented prior to receiving written approval from the BEMS.
3. "Approved Pending" information DEADLINE is 1 week prior to the Providers presentation. Pending information received after this deadline will be denied credit.

Provider: _____

Title of Offering: _____

Location: _____

Number of contact hours for which approval is being requested: _____

Note: Fifty minutes of learning time equals one contact hour. Breaks and meals are not included.

Person Submitting Application: _____

Address: _____

Address: _____

Telephone Numbers: _____

BEMS Office Use Only

Date Received: _____

Date Reviewed: _____

Reviewed By: _____

Approved for _____ hours.

Written Approval Returned: _____

Required information to be submitted with each application for each continuing educational offering.

A. RESOURCES

Complete an *Attachment A* for the person administratively responsible for planning the educational offering.

B. FACULTY

Complete an *Attachment A* for each faculty member.

C. TARGET AUDIENCE

Identify the target audience:

D. PHYSICAL FACILITIES

Describe the physical facilities to be used. Give details on:

- (a) how the offering will accommodate teaching methods.
- (b) any special equipment that will be needed, used, and/or demonstrated in the offering

E. OBJECTIVES

State course objectives (*Attachment B*), in operational/behavioral terms, which define the expected outcomes for the learner.

F. CONTENT/TIME FRAME

Each objective on *Attachment B* should have corresponding content in the adjacent column. Offering content should be related to and consistent with its objectives. Content should be described in the form of a description or a content outline with corresponding time frames for each content area.

Time allotted for the offering should be consistent with the objectives and appropriate for the content to be presented.

Time should be allotted for evaluation at conclusion of offering.

G. TEACHING METHODS

On *Attachment B*, list the name of each faculty member, and the teaching methods to be used for each topic or content area.

H. EVALUATION

Please attach a copy of the evaluation instrument to be used following the offering.

I. VERIFICATION OF ATTENDANCE

Please attach a sample of the attendance verification form awarded to participants.

The form should include the following information:

- Number of contact hours awarded
- Title of offering
- Date
- City and state training provided
- BEMS approval of the offering, using the following language:

“This offering has been approved for EMS continuing education credit by the Mississippi Bureau of Emergency Medical Services”

J. RECORD KEEPING SYSTEM

The Provider must keep the following information on file for a minimum of five years:

- Title
- Name and title of person administratively responsible for implementing the offering
- Copy of *Attachment A* for each member of the faculty
- Starting and ending dates
- Name and address of the facility used for the offering
- Copy of *Attachment B*
- Description of the target audience
- Total contact hours awarded
- Names and addresses of the participants
- Summary of participant’s evaluations

Provide a statement which documents the existence of a system for the storage of records for the offering which assures confidentiality and allows for retrieval of essential information only by authorized individuals.

K. PROGRAM PUBLICITY

When an offering is approved, the following language *must* appear on *all* publicity related to the offering:

“This offering has been approved for EMS continuing education by the Mississippi Bureau of Emergency Medical Services”.

Any publication (brochure, flyer, etc.) related to this offering must be submitted to the BEMS, along with the evaluation summary. Before an offering is approved, the following language may be used on any CE publicity related to the offering (brochures, flyers, etc.) “An application for continuing education credit has been submitted to the Mississippi Bureau of Emergency Medical Services.”

Attachment A
Faculty

NAME _____

Administratively responsible ___Yes___No

Title of Offering: _____

Date of Presentation: _____

Provider: _____

I. Educational Preparation

II. Work Experience, beginning with the most current position. (Limit to 10 years)

III. Other Qualifications (publications, special certificates, etc.)

IV. If Faculty-complete the additional information

A. Describe the knowledge/experience of this faculty member as it relates to the topic being presented.

