



West Virginia Department of Health and Human Resources  
 Bureau for Public Health  
 State Trauma and Emergency Care System  
 Office of Emergency Medical Services

**Continuing Medical Education Credit Application and Approval Record**

<b>Title of Workshop, Class or Program:</b>				
<b>Location:</b>				
<b>Date(s):</b>				
<b>Time(s):</b>				
<b>Number of Contact Hours:</b>	Total:	Clinical:	Lecture:	Practice:
<b>Program Coordinator's Name:</b>				
<b>Program Coordinator's Title:</b>				
<b>Telephone:</b>				
<b>Sponsoring Agency:</b>				
<b>Name and Address of Individual Submitting Application:</b>				
Name _____				
Address: _____				
City: _____ State: _____ Zip: _____				
<b>Instructor's Name:</b>				
<b>Instructor's Title:</b>				
Please attach a copy of instructor CV or resume and a copy of the class outline so that the program may be reviewed for approval.				
<b>For Regional EMS Field Office Use Only</b>				
<b>Date Reviewed</b>	<b>CE Activity Number</b>	<b>Approved</b>	<b>Contact Hours Awarded</b>	
Type: ALS ____ BLS ____ Related ____		Class: <input type="checkbox"/> Open <input type="checkbox"/> Closed		
<b>Approved by:</b>				



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Instructor and Course Information Sheet

<b>Instructor:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>E-mail:</b>	
<b>Work Phone:</b>	<b>Current Employer:</b>	
<b>Education:</b> _____ _____		
<b>Licenses/Certifications:</b> _____ _____ _____		
<b>Other Pertinent</b>		
<b>Experience:</b> _____ _____ _____		
<b>Course Title:</b>		
<b>General Course Description:</b> _____ _____ _____		
<b>Objectives:</b> _____ _____ _____		
<b>Course Length:</b>		
<b>Resources/Materials Used:</b> _____ _____		