STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333

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CEH Approval Now Available Online

Over the past year, Maine EMS, has been working to improve the process currently used to request approval for continuing education credits.
The new process will utilize the eLicensing system and will be an online request process.

- eLicensing allows for a completed CEH request to reach the approving Training Center faster.
- Ability for the individual requesting the approval to track the status of a request submitted.
- The individual requesting approval will receive notifications on receipt, issuance of a course approval, or request for more information.
- The individual requesting approval will be responsible for entry of attendee's, which will greatly decrease the time for credit to appear on attendees' training reports.

An online education for providers is now available on MEMSEd providing detailed steps as well as a system and process overview.
Access MEMSEd at: http://www.maine.gov/ems/providers/MEMSEd.html

The request process is available for use today! At a future date Maine EMS will require training to be requested through this system.

If you experience any problems with the systems, please email the support system at: emssupport@maine.gov
If you have any concerns, please contact our office.

Thank You,
Maine EMS

MAINE EMS
Continuing Education Hours (CEH)
Approval Request Form

This form must be submitted to a regional EMS office or a Maine EMS license training center seven (7) days prior to the date of the requested program/course. Please attach and submit a copy of the course outline or presentation and instructor qualifications with this request form.

Course Coordinator:

Name: _____ **Phone #:** _____

Email Address: _____

Course Information:

Course Name: _____

Course Type: ☐ Continuing Education ☐ AVOC ☐ PIFT

Regional Held: **City/Town Held:** _____

Primary Instructor Name: _____

Start Date: _____ **Start Time:** _____ **End Date:** _____ **End Time:** _____

Will this course be offered on multiple dates? If yes, please attach a list of dates and times.

Was this training developed as a result of a Quality Improvement Initiative?

Is this course service specific? If yes, provide a reason it is not public in the attached course outline.

Physical Address of class: _____

Phone # for public inquiries: _____

Email for public inquiries: _____

Public Website Brief description:

Course Categories:

Category Name	Hrs Requested		Category Name	Hrs Requested	
Preparatory/Operations	_____	Hrs	Obstetrics, Pediatrics	_____	Hrs
Airway, Breathing, Circ	_____	Hrs	BLS Skills	_____	Hrs
Assessment	_____	Hrs	ALS Skills	_____	Hrs
Medical	_____	Hrs	Instructor Coordinator	_____	Hrs
Trauma	_____	Hrs			

A list of regional EMS offices and licensed training centers is available at the Maine EMS website. http://www.maine.gov/ems/providers/training/center.html

Approved By: _____ **Date:** _____

Course #: _____

Updated: October 8, 2015