

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



MICHAEL SAUSCHUCK COMMISSIONER

## CEH Credit for Post-Secondary Academic Course Work

WIL O'NEAL DIRECTOR

This form must be completed for *EACH* course to be considered for credit.

- 1. **Please attach a copy of an official course description AND a course syllabus/outline.** The course must have been completed to receive CEH credit.
- 2. Course work must have been provided by an accredited post-secondary institution.
- 3. Courses submitted must be relevant or have demonstrated content that is related to EMS.
- 4. All courses must have been passed with a minimum grade of "C" or equivalent, to be accepted for credit.
- 5. Students may be required to fill out a FERPA release from their Educational Institute. The State of Maine EMS Bureau does not need financial or code of conduct information. Please consult your program director.

Bureau aces not nee	a jinanciai or i	coae oj conauci	injormation. Pie	ease consuit your	program airecto	7.	
Student Informatio	n						
tudent Name: Maine EMS License#							
Email:	nail: Phone:						
College/Accredited	Institutio	n Informa	tion	_	-		
College/School Name:							
College/School Address:							
Credit hour/semester hour:		Instruction hou	r ratio used by th	ne school:			
<b>Course Information</b>							
Course Name:				☐ Included a lab/practical portion			
Dates Attended:				Final Grade:			
Instructor Name:							
Email:				Phone:			
Indicate Hours <b>Completed</b> (in		hour increment	•		<u>,                                      </u>		
List topics within the Course	Prep/Ops	ARV	Cardiology	Trauma	Medical	I/C	
	1	i	i .	i	i	i e	