

HEMPFIELD EMERGENCY MANAGEMENT AGENCY

PA DEPARTMENT OF HEALTH EMS CON-ED REQUEST

HEMA's PA DoH EMS Continuing Education Sponsorship is open to use by any Hempfield Twp. emergency service provider. This request form must be submitted 45 days prior to the start of the class. Upon acceptance by the PA Dept. of Health, necessary paperwork will be delivered to the department contact via e-mail. Student Registration Sheet(s) and Course Evaluations must be submitted within 4 days from the end of the class.

Request being made by:

Department			
Contact Person		Phone	
E-Mail		Cell	

Course Information:

Title		DoH Number	
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Class Location:

Name					
Address (Line 1)					
Address (Line 2)					
City		Zip		Phone	
E-Mail					

Class Details:

Total Hours		Open Registration?		Final Registration Date	
Start Date			Start Time		
End Date			End Time		
Instructor					
	E-Mail			Phone	

List entire schedule (dates and times) and locations for this course on the back of this form if additional space is needed

I certify that the equipment as listed in the Accreditation Standards and/or curricula will be available to the instructors and students for demonstration and practice. I further certify that the skills and knowledge objectives listed in the National Standard Curriculum, as adopted by the Department of Health, or curricula specified on this application will be presented.

For classes leading to certification/recognition by the PA DOH, I certify that the course will be conducted in accordance with the Prehospital Personnel Manual and will meet all the didactic and clinical objectives and hours required by the Department. For classes leading to the award of PA DOH continuing education credit, I certify that the course will be conducted in accordance with the Continuing Education Manual.

Name: _____ SIGNATURE

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