

MS BEMS Course Number: _____

Mississippi EMS Education

Continue Education Request / Instructor Verification

This form should be completed and returned to BEMS for approval prior to instruction of course at least 30 days prior to class.

Date:	
Teaching Facility:	
Course Coordinator:	
Address:	Phone:
Address:	Fax:
City/State/Zip:	E-mail:
Title of Course <i>Only one course/block per form</i>	Lead Instructor <i>Attach copies of credentials for instructors</i>
	Name:
	Addr:
	Addr:
	Addr:
	C/S/Z:
	Phone:
	Phone:
	Fax:
	E-mail:
	Assistant Instructors:
Course Location:	Course County:
Start Date:	End Date:
Start Time:	End Time:
Day(s) of week:	
Comments:	
Hours requested:	Hours Approved:
Received:	Registered:
Entered Calendar:	MSDH District #:

Submit EMT/Paramedic Class Request to:
MS - Bureau of EMS
Steven Jones
Mississippi State Department of Health
570 E. Woodrow Wilson
PO Box 1700
Jackson, MS 39215
Steven.Jones@msdh.ms.gov

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.

ATTACHMENT B
OFFERING DOCUMENTATION

Please submit an individual form (attachment B) for each topic to be presented.

Title of Offering _____

Objectives	Content (topics)	Time Frame	Faculty	Teaching Methods
List in operational terms Each objective must have corresponding content	List each and provide an outline of the content to be presented	List for each topic, breaks and meals	List for each topic	Describe methods used for each topic

Instructions

Course Request form – All Con Ed offerings

1. Date: Enter date that you are filling out the form.
2. Teaching Facility: List hosting facility
3. Course Coordinator: List hosting facility with the following information:
 - a. Address: Address of Teaching facility
 - b. City/St/Zip: City, State, and Zip of Teaching Facility Location
 - c. Phone: Phone number of Course Coordinator
 - d. Fax: Fax of Course Coordinator
 - e. E-Mail: Email of Course Coordinator
4. Title of Course: Please enter the title of course.
5. Lead Instructor: Please fill out Name, Address, City, State, Zip, Phone, Fax and Email for Lead Instructor.
6. Assistant Instructors: Please list any assistant instructors and attach credentials.
7. Course Location: Complete address where the course is going to be held.
8. Course County: What county is course going to be taught.
9. Start/End Dates: Please fill in the start date and the end date of the class that is being taught.
10. Start/End Times: Please fill in the times that the class will start and end.
11. Days of Week: Please fill in what days of week your class will be taught.
12. Comments: If Class will be taught at two different locations please put second location here. For example, EMSD class if the classroom part is taught one place and the driving class at another location.
13. Hours Requested – Fill in how many hours you are requesting
14. Hours Approved – this will be filled in by BEMS
15. Complete an **Attachment A** for the person administratively responsible for planning the educational offering. **There also must be an Attachment A for each faculty member.**
16. Fill out the Objectives, Content(Topics), Time Frame, Faculty and Teaching Methods.
17. Please attach a copy of the evaluation instrument to be used following the offering.
18. Please attach a sample of the attendance verification form awarded to participants. The form should include the following:
 - ✓ 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”

All class initial rosters must be submitted the next day after the final class meeting and no later than 5 days after the last class meeting.

The complete form should be mailed to:

Bureau of EMS
MS State Dept. of
Health ATTN:
Certification
P.O. Box 1700
Jackson, MS 39215

Or emailed to:

steven.jones@msdh.ms.gov
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Questions? Contact 601-576-7377.