



Continuing Education Approval Request	OFFICE USE ONLY	
	CEU Course ID Number	
	Approved Hours	
	Approving Official	
	Approving Signature	

Course Demographics

Course Title					
Course Location					
City		State		Zip	

Course Date(s) and Time(s) [NOTE: Only include actual instructional time. See example below]

Course Date	Start Time	End Time	Course Date	Start Time	End Time
<i>Example: 1-12-13</i>	<i>8:00 AM</i>	<i>12:00 PM</i>	<i>1-12-2013</i>	<i>1:30 PM</i>	<i>4:30 PM</i>

Instructor Name(s)	License or Certification #	Phone Number	E mail

Course Information

Student Level (check all that apply)	<input type="checkbox"/>	Emergency Medical Responder	<input type="checkbox"/>	Advanced Emergency Medical Technician	
	<input type="checkbox"/>	Emergency Medical Technician	<input type="checkbox"/>	Paramedic	
Teaching Method	<input type="checkbox"/>	Lecture	<input type="checkbox"/>		Practical Skills Assessment
	<input type="checkbox"/>	Media Presentation	<input type="checkbox"/>	Other:	

Course Objectives (Minimum of 3 objectives per hour of requested time. Add additional sheets if necessary)

1	
2	
3	
4	
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Course Outline (May attach a separate sheet if needed)

Applicant Information

Name		Title	
Email		Phone	Fax

Signature

I certify that the information given in this application is accurate to the best of my knowledge and that all course and instructor requirements are compliant with KRS 311A and 202 KAR 7:601.

Signature of Authorized Representative	Date
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