



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES



Application for EMSI Continuing Education Unit (CEU) credits

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INSTRUCTIONS:

1. Complete this application. (fields outlined in red are required.)
2. Print a copy for your records by clicking the "**print form**" button at the bottom of this form.
3. Submit to OEMS by clicking the "**submit form**" button at the bottom of this form, which will open a new email window.

NOTE: Please **do not** edit what is auto-generated in the subject line of the submission email.

Contact:

First Name	MI	Last Name	Affiliation	
Mailing address		City	State	Zip Code
Email address	Primary phone number		Secondary phone number	
Course Name	Course Location (including address, city)			
Date of course	Start time of course	End time of course	Total hours requested	

Course Objectives: (may be provided as an attachment when submitting form)

Brief description of course: (may be provided as an attachment when submitting form)

Name(s) of Instructors and Credentials: (may be provided as an attachment when submitting form)