



Application to Conduct EMS Continuing Education

T-2 Instructions

This application is to be used by training providers to apply for OEMS approval of continuing education programs, in accordance with the General Statutes of Connecticut Sec. 20-206jj as amended and the Regulations of Connecticut State Agencies Sec. 19a-179-17 and. Along with the application, a program (course) outline with objectives and instructor qualifications must be attached for each program for which the applicant is seeking approval. The complete application is to be submitted *at least 30 days prior* to program start date. No program may be advertised or delivered prior to receiving approval. This application is to be sent to the Department of Public Health, Office of Emergency Medical Services by postal mail, electronic mail or fax. (Email is preferred)

Application Checklist (each item must be included in submission)

- T-2 application package
 - Course application
 - Course coordinator signature
 - Medical director signature (or attached blanket letter of authorization)
 - Listing of proposed faculty including lecturers, coordinators, skills instructors, etc.
- Course schedule including the:
 - Date, time and location of each class session (not needed for F-2, Ongoing)
 - Topic or subject of each class session
 - Tentative faculty assignment
 - Description of distributive education methods.
- Sample of course completion certificate or diploma to be issued upon completion.

Reminders to all EMS Instructors:

1. An instructor seeking to provide the NREMT National Continued Competency Requirement must follow the outline provided by NREMT. The method of delivery, education style and presentation may vary, but the minimum content must be included.
2. The term “refresher” is no longer in use in the Connecticut EMS system. In place of refreshers, providers will complete two categories of Continuing Medical Education – The NCCR and LCCR/ICCR. See the OEMS website for a full description of these programs.
3. Continuing education is identified as BLS or ALS, however that is a general category. For example, it would be appropriate for BLS providers to attend an ALS CME and claim only the portion of education that applies to their level of care.
4. Continuing education should meet the standards as expressed in the EMS Education and Training Manual, available on the OEMS website. Compliance with this manual is mandatory under RCSA 19a-179-17.
5. A person who does not hold current EMS instructor certification may apply for approval to provide a specific targeted continued education program on a topic in which they hold professional expertise. *For example a registered nurse who works in a newborn ICU would be qualified to present a CME on newborn care and resuscitation, however will not be approved to conduct a full NCCR course.*
6. Providers of continuing education shall provide a course completion certificate or letter of completion including the date, approval number, instructor, topic and CME hours to be awarded. They must also maintain rosters of those who complete such education.
7. This instruction page does NOT need to be submitted with an application.

Application Field Instructions:

Program Type: Select the proper level of training.

Instruction Method: Select how the program will be delivered.

Date: Date of completion of this application.

EMS Region: Region in which training will be delivered. If multiple, enter home region of instructor or agency.

Course Host/Sponsor: Agency, department, company or entity offering this program.

Town/City: Town or city in which training will be delivered. “Varies” and “online” are acceptable.

Course Coordinator: EMS Instructor holding regulatory authority and responsibility for the program. Enter coordinator contact information including current EMS provider certification or license number and expiration date and EMS-I certification and expiration date.

Medical Director: Physician, affiliated with a Connecticut sponsor hospital emergency department, approved by said hospital to provide medical oversight for EMS training programs, who has reviewed course content and affirms the statements listed below. Enter medical director contact information.

Course Address / Location: Enter the address or location where the majority of training will be delivered.

Specific Building / Room: Enter the room, floor, or department where the majority of training will be delivered.

Open to Public: Identify if this course is open for public registration or closed to a specific group.

List on OEMS Site: Identify if you wish to have this course listed on the OEMS website. Note: checking this box does not guarantee immediate or constant listing for advertising purposes. Course coordinators and sponsors hold full responsibility for advertising, marketing and registration. Listing on the OEMS website is a courtesy to those seeking EMS education.

Course start date: First date of training as identified on course syllabus or schedule. This may include pre-class assignments.

Course end date: Last date of training as identified on course syllabus or schedule. If this is an F-2 Ongoing, F-3 Distributive or F-5 VILT program, a course end date of up to one (1) year from course start is acceptable.

Compliance Questions: By checking yes to the two compliance questions, the Course Coordinator and Medical Director affirm that the course of training complies with the current NHTSA and OEMS guidelines. This includes training outlines, objectives, course timeframes, assessments and testing.

Affirmations: Ink or digital signatures are acceptable. If the course coordinator holds a “blanket approval letter” from a medical director, select that dropdown and include the letter with the submission. By including such a letter of approval, the coordinator affirms that the approval is valid.

Checklist: Review the checklist and send this application with attachments to dph.emsi@ct.gov. The blue buttons will prompt you to save the form, to print a copy of the form or to submit the form (with attachments) by email. The buttons will not appear on a printed copy of the form.