



## SAINT ANTHONY MEDICAL CENTER

OSF Northern Region EMS Agencies,

Attached is the Application Form, Instructor Biography Information Sheet, Signature Page and the 2016 OSF Northern Region EMS CE Template. This template reflects the standards of the current National Standard Curriculum. Please ensure that whatever reference material used to deliver this training is approved by the US Department of Transportation. Additionally, it is understood that the materials used to deliver these educational offerings will also be EMT level-specific as applied for on your CE application.

Should you decide to use something other than the system template, please be sure to include at least three (3) level specific objectives for each subject AND for each level of licensure applied for. All speakers, need to have a biography and any documents / license / certificates, etc. that support their expertise to teach their particular topic. Please note: CE applications can only be submitted up to the highest level of service offered by that EMS agency. Please remember to circle all EMT levels in which you are applying for on the application.

Only complete applications will be processed. A complete application consists of the following:

- Complete CE application for all requested topics either from the CE template or otherwise.
- Complete Biography Information Sheet on all instructors as listed on the CE application.
- Copies of each listed instructor's current EMT / RN / MD license, CPR, ACLS, PALS, etc. and if you have completed the ICUP training, a copy of that certificate, for each instructor, is needed.
- Copies of the objectives for each selected topic (either the objectives we have provided or your own if subject is not covered in this packet)
- Complete Signature Page.

Completed applications should be sent to the OSF Northern Region EMS office.

PLEASE NOTE: Please read the instructions carefully so we can ensure your Site Code request is awarded by the beginning of 2016. Incomplete CE applications will be returned for completion.

Please feel free to contact Mark Loewecke with any questions regarding this application at 815.395.4622 or [mark.loewecke@osfhealthcare.org](mailto:mark.loewecke@osfhealthcare.org).

## OSF Northern Region EMS

5510 East State Street, Rockford, Region 61108 ☐ (815) 395-5254 ☐ Fax: (815) 395-4623  
[www.OSFNorthernRegionEMS.org](http://www.OSFNorthernRegionEMS.org)



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# OSF Northern Region EMS 2020 Continuing Education Application

Agency Name: \_\_\_\_\_

Date	Time (Start)	Time (End)	Topic / Subject Matter	Instructor(s)

I agree to follow the OSF Northern Region EMS Continuing Education Template or CE as submitted and approved by OSF Northern Region EMS. I agree to follow the National Standard Curriculum as it applies to my application as submitted and approved by OSF Northern Region EMS. I understand that any and all changes to content must be pre-approved by OSF Northern Region EMS in writing prior to the delivery of the CE offering in question. All other changes, such as dates and times, are also required to be submitted to OSF Northern Region EMS in writing prior to the date of the CE offering.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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