



**FLORIDA DEPARTMENT OF HEALTH, EMERGENCY MEDICAL SERVICES (EMS)
APPLICATION FOR APPROVAL OF RECERTIFICATION TRAINING OFFERING**

RECERTIFICATION TRAINING (“Continuing Education” or “CE”) TITLE AND NUMBER:

Is your course or program Commission on Accreditation for Pre-hospital Continuing Education (CAPCE) accredited or approved?

- Yes- If yes, provide evidence of CAPCE accreditation or course approval as **attachment 8**; submit with this application and **attachment 7**.
- No- If not, complete A-H below and submit.

- A. BEHAVIORAL OBJECTIVES: (Attach as **attachment 1**)
- B. COURSE OUTLINE AND SUBJECT MATTER: (Attach as **attachment 2**)
- C. FACULTY: (Attach current CV for each instructor as **attachment 3**)
- D. PROGRAM MEDICAL DIRECTOR: (Attach current contract, CV, and copy of current license as **attachment 4**)
- E. AGENDA AND TEACHING STRATEGIES: (Attach as **attachment 5** and include dates offered and locations)
- F. FORM FOR STUDENT EVALUATION OF COURSE/ INSTRUCTORS:(Attach as **attachment 6**)
- G. NUMBER OF CONTACT HOURS: _____ NUMBER OF CE HOURS REQUESTED: _____
- H. VOIDED CERTIFICATE WITH SPACE FOR APPROVAL CODE: (Attach as **attachment 7**)

PROCEDURES FOR CONTINUING EDUCATION OFFERINGS

1. Complete registration for an account on CE Broker and apply to the Florida EMS Board (if not already done so).
2. Remit payment of three hundred dollars (\$300) to the Florida Dept of Health via CE Broker at the beginning of each recertification cycle (every two years beginning December 1 of even years).
3. Submit this completed application form with all required attachments for each course and recertification cycle at least sixty (60) days prior to the date of the offering.
4. Applicants may submit additional courses for approval during the recertification cycle without paying an additional fee.
5. A master list of participants (rosters) shall be maintained by the CE provider to verify, if necessary, proof of completion.
6. If the offering is approved, you will be notified of the contact hour assignment and approval code.

7. If the offering is not approved, you will be notified, and the reason(s) will be explained.

REVIEW STANDARDS

A. Behavioral objectives:

1. Describe expected learner outcomes in terms that can be evaluated, are attainable and are relevant to current USDOT/NSC.
2. Determine teaching methodology and plan for evaluation.

B. Course Outline and Subject matter:

1. Must reflect the professional educational needs of the student.
2. Currency and accuracy will be documented by references/ bibliography.

C. Faculty qualifications:

1. Provide evidence of academic credentials or expertise in the subject matter.
2. When the subject matter includes advanced life support, a physician, nurse or paramedic with expertise in the content area must be involved in the planning and instruction.

D. Medical Direction:

1. Provide evidence of current contract with a physician who has experience in emergency medicine, trauma or appropriate certification in prehospital care.
2. Responsibilities of physician must be clearly stated on contract.

E. Teaching strategies:

1. Appropriate learning experiences and teaching methods are utilized to achieve the objectives.
2. Adult education principles are employed in teaching strategies.
3. Sufficient time is allowed for each activity to ensure a reasonable opportunity for each student to meet the objectives.

F. Evaluation methods:

1. Evidence shall be submitted that participants are given an opportunity to evaluate learning experiences, instructional methods, facilities, and resources used.

G. Contact hour criteria:

1. All offerings shall be at least fifty (50) minutes in length which is equivalent to (1) contact hour.
2. Increments of twenty-five (25) minutes will be accepted if the offering extends beyond one (1) contact hour.