

Approved-Program Provider Continuing Education Request For Approval

Marion County EMS 202 S 3rd St, Ste B Marion, KS 66861-1659 620-382-3271

PLEASE TYPE OR PRINT

Sponsoring Organization:

MARION COUNTY EMERGENCY MEDICAL SERVICE

Program Managers Name:

Phone:

Address:

City:

State:

Zip:

Medical Director:

A. Randal Claassen, MD

Class Location, Building:

Address:

City:

State:

Zip:

EMS Region III

This program is open to attendants outside of your agency?

Yes

No

Is this class submitted for educational incentive grant funding?

Yes

No

Complete the schedule on the back of this form and must be received at least **15 days prior** to beginning the continuing education program. If there are any schedule changes necessary, notify Marion County EMS in writing.

THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of

Date

Applicant

Marion County EMS Use Only

This proposed
schedule:

is approved

is not approved

Course Identification Number:

#PP-
3271

Amount of continuing education credit
awarded:

Approved by

Date