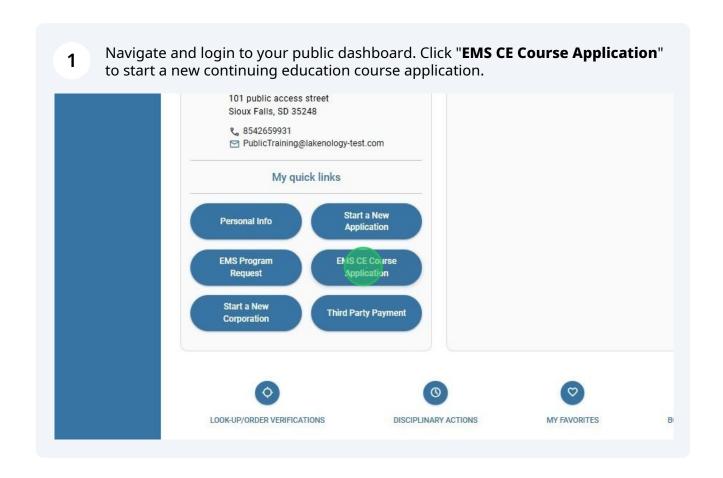
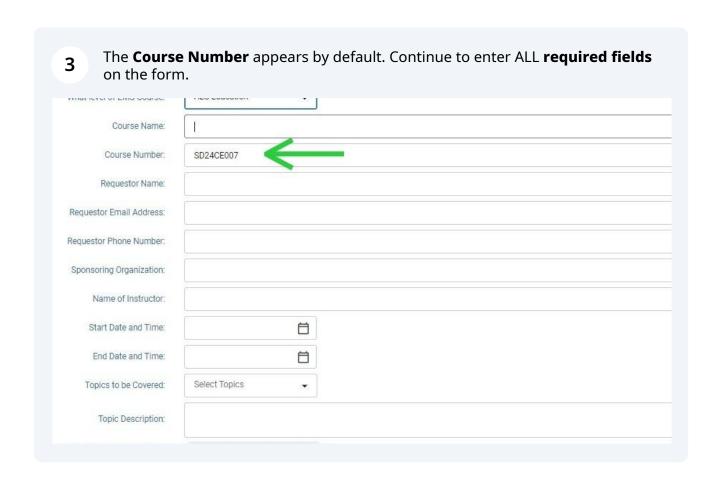
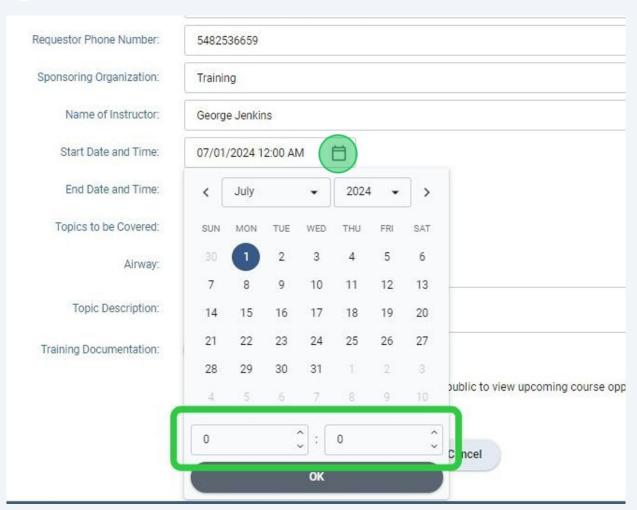
Public Access: Request to offer EMS Continuing Education Course



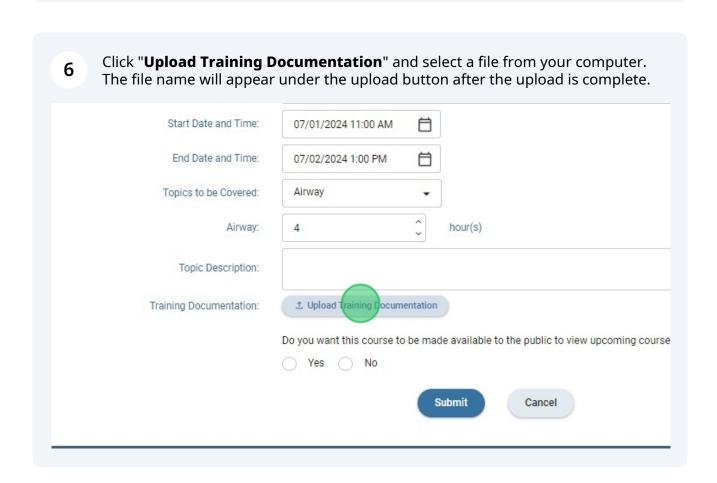
2 Using the drop down box, select the course level EMS continuing education application dication will be r it was received. The Couse requests should be submitted at least 7 business days in advance of the course start date for review and approval. You will receive has reviewed the apprication What level of EMS Course: Select Level Q Course Name: Course Number: ALS Education Requestor Name: BLS Education Requestor Email Address: Requestor Phone Number: Sponsoring Organization: Name of Instructor: Start Date and Time



4 Use the **Calendar icon** (**Date picker**) to select the start and end date of the course. Be sure to select the time.



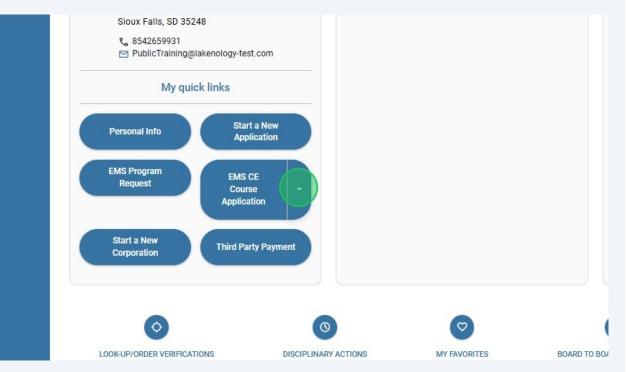
Select **one or more** topics from the drop down. The associated hours will default 5 when selected. You must also enter a topic description. Requestor Phone Number: Sponsoring Organization: Name of Instructor: Start Date and Time: End Date and Time: Select Topics Topics to be Covered: 91 Topic Description: Preparatory Training Documentation: e available to the public to view upcoming course opportui Patient Assessment Medical/Behavioral Cancel Emergencies

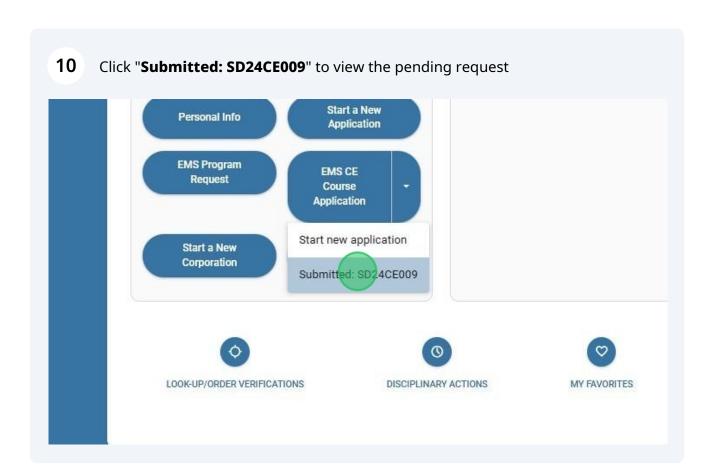


7 Select "Yes" or "No" to make the course available to the public. Click "Submit" Sponsoring Organization: Training Name of Instructor: George Jenkins Start Date and Time: 07/01/2024 11:00 AM End Date and Time: 07/02/2024 1:00 PM Topics to be Covered: Airway Airway: 4 hour(s) Topic Description: Training Documentation: Uploaded: Public Dashboard.pdf Do you want this course to be made available to the public to view upcoming course opportunities on our website? Yes No Cancel

A message "Thank you for your submission" is displayed. An SDBMOE 8 Administrator will review the request submitted and an email is sent to the requestor when it is approved or sent back for revision. Click "Close" to exit \$ 5628425565 raining102@lakenology-test.com My quick links Thank you for your submission We have received your on-line application request to offer an EMS continuing education course. Requests for course approval should be submitted at least 14 days in advance of the proposed course date for approval or the course may not Start a New Application be approved. If you have not received approval or a request for additional information within 10 days of submitting your request, please contact the Board office. BOARD TO BOARD VERIFICATIONS LOOK-UP/ORDER VERIFICATIONS **DISCIPLINARY ACTIONS** MY FAVORITES

From the dashboard you can **view and/or cancel** your request prior to approval. Click the **drop down** arrow to display a list of pending requests.





Course request **SD24CE009** is displayed. Click "**Cancel**" if you no longer want to offer this course for approval. Click "**Close**" to exit and return to the dashboard.

Course Name: CPR Essentials

Course Number: SD24CE009

Requestor Name: John Theosing

Requestor Email Address: plbarney@gmail.com

Requestor Phone Number: 9546103486

Sponsoring Organization: West Shore Med center

Name of Instructor: Patti Lynn Barney

Start Date and Time: 06/28/2024 11:00 AM

End Date and Time: 06/29/2024 12:00 PM

Topics to be Covered: Patient Assessment, Trauma, Cardiac Emergencies/AED

Patient Assessment: 1 hour(s) hour(s)

Trauma: 1 hour(s) hour(s)

Cardiac Emergencies/AED: 1 hour(s) hour(s)

Topic Description: A Variety of topics and skillsets on CPR Essentials

Training Documentation: No records to display

Available to public



Close