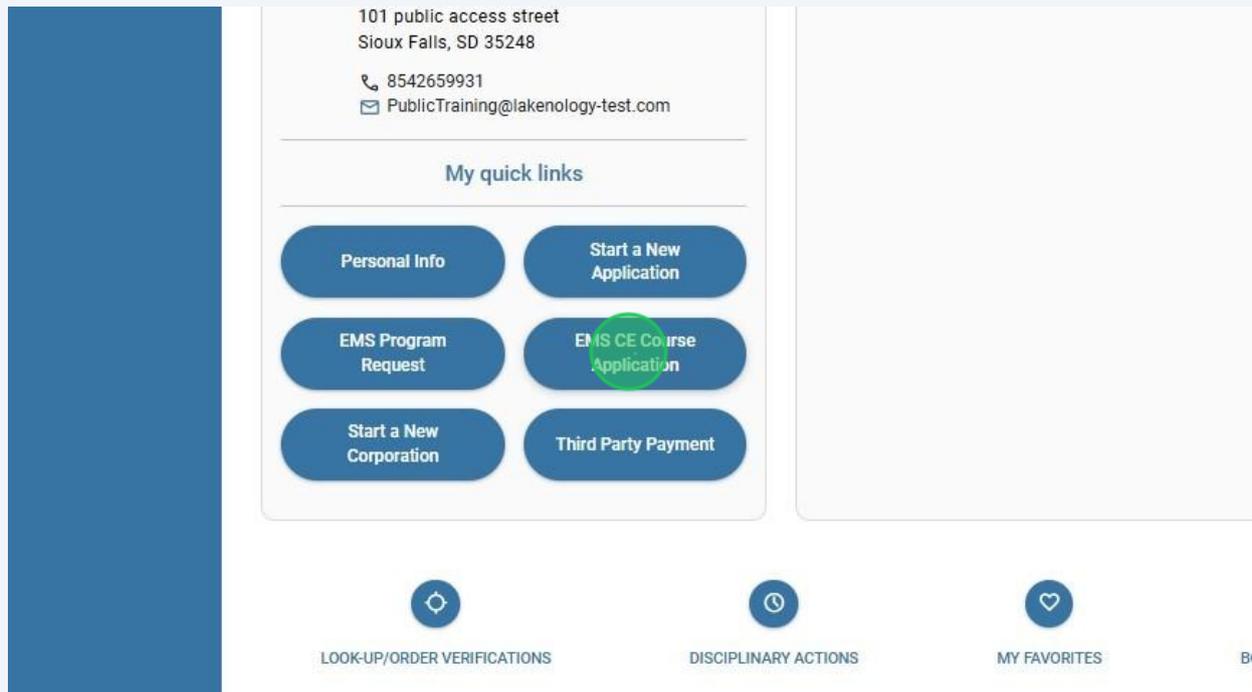


# Public Access: Request to offer EMS Continuing Education Course

1

Navigate and login to your public dashboard using <https://my.sdbmoe.gov> Click **"EMS CE Course Application"** to start a new course application



## 2 Using the **drop down** box, select the **course level**

EMS continuing education application

se complete the ~~below application to request approval of your upcoming Emergency Medical Services Personnel Continuing Education. This application will be~~ r it was received. The Course requests should be submitted at least 7 business days in advance of the course start date for review and approval. You will receive f has reviewed the application.

What level of EMS Course:  

Course Name:

Course Number:  

Requestor Name:

Requestor Email Address:

Requestor Phone Number:

Sponsoring Organization:

Name of Instructor:

Start Date and Time:

## 3 The **Course Number** appears by default. Continue to enter ALL **required fields** on the form.

What level of EMS Course:

Course Name:

Course Number:  

Requestor Name:

Requestor Email Address:

Requestor Phone Number:

Sponsoring Organization:

Name of Instructor:

Start Date and Time:  

End Date and Time:  

Topics to be Covered:

Topic Description:

4

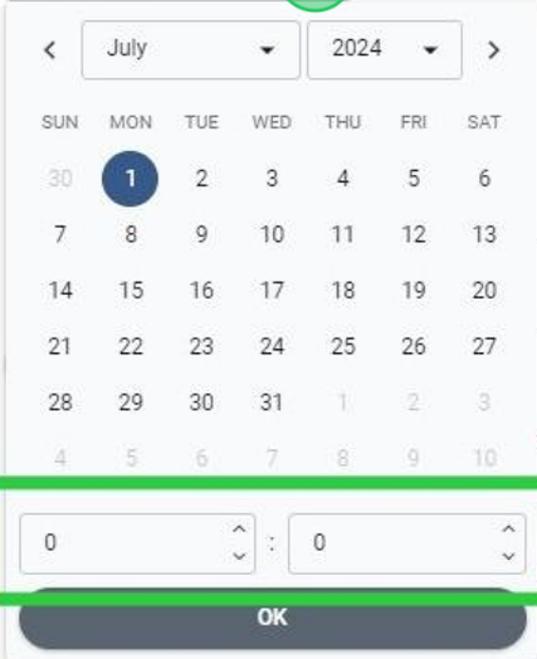
Use the **Calendar icon (Date picker)** to select the start and end date of the course. Be sure to Select the time!

Requestor Phone Number: 5482536659

Sponsoring Organization: Training

Name of Instructor: George Jenkins

Start Date and Time: 07/01/2024 12:00 AM 

End Date and Time: 

Topics to be Covered:

Airway:

Topic Description:

Training Documentation:

0 : 0

OK

Cancel

public to view upcoming course opp

5

Select **one or more** topics from the drop down. The associated hours will default 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:

Topics to be Covered:

Topic Description:

Training Documentation:

Preparatory

Airway

Patient Assessment

Medical/Behavioral Emergencies

6

Click "**Upload Training Documentation**" and select a file from your computer. The file name will appear under the upload button after the upload is complete.

Start Date and Time:

End Date and Time:

Topics to be Covered:

Airway:  hour(s)

Topic Description:

Training Documentation:

Do you want this course to be made available to the public to view upcoming course

Yes  No

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: [Upload Training Documentation](#)

Uploaded: Public Dashboard.pdf

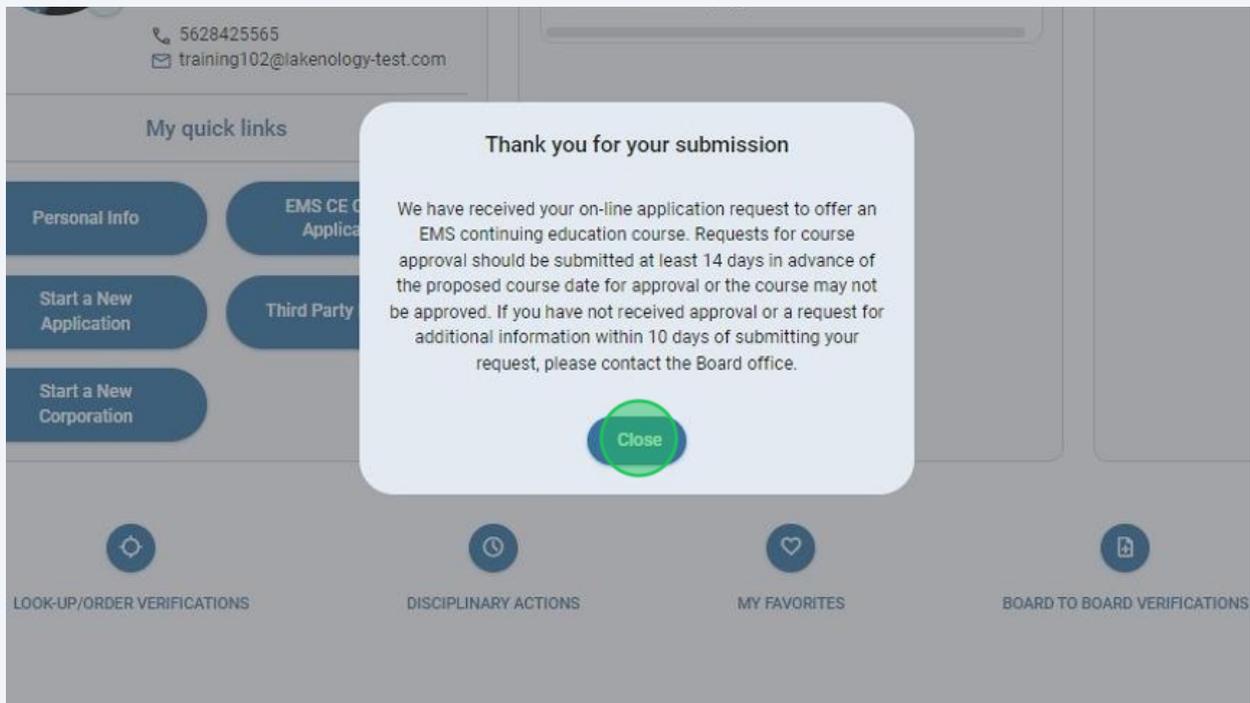
Do you want this course to be made available to the public to view upcoming course opportunities on our website?

Yes  No

[Submit](#) [Cancel](#)

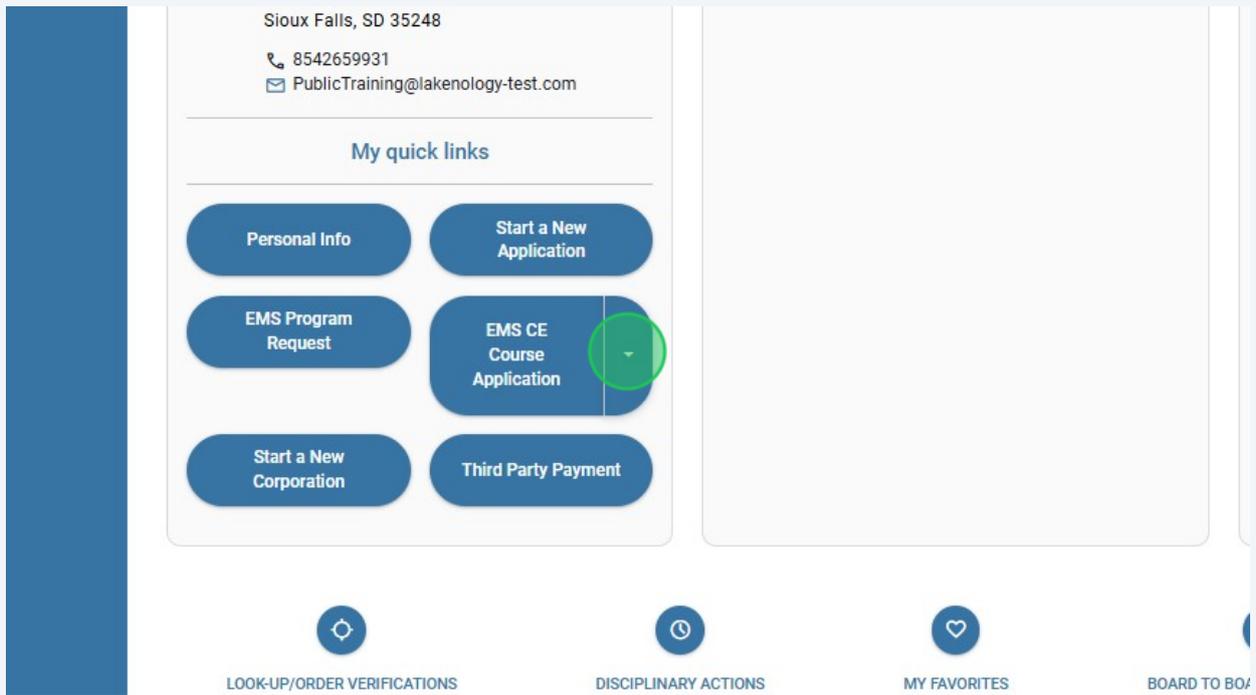
8

A message "Thank you for your submission" is displayed. An SDBMOE 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



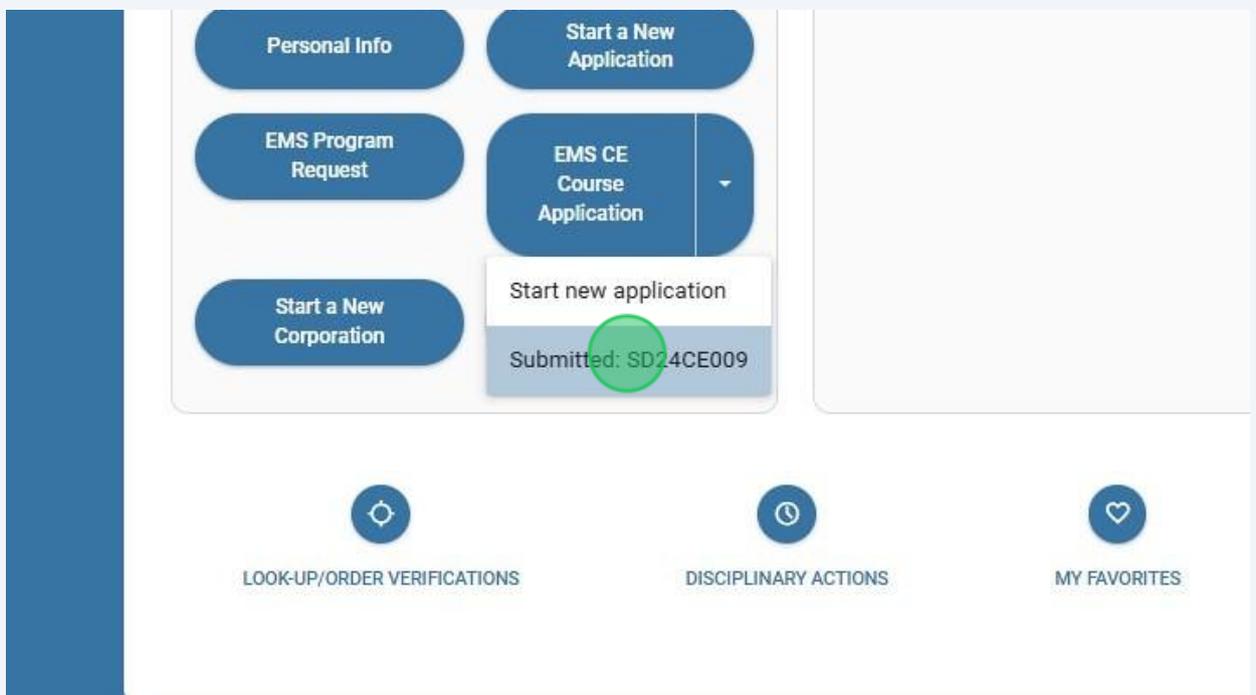
9

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



10

Click "**Submitted: SD24CE009**" to view the pending request



11

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

Cancel

Close