

To all KCC Training Center Aligned Instructors,

Per MDHHS BETP guidelines, the information below must be completed on your roster for CHITS to be

issued for your course. All paperwork should be emailed to ems@kellogg.edu.

Please verify and initial each item as needed below:

Item	Initial	
Instructor/course information has been completed.		
Proper category selected – topic & credit(s) provided		
• Course category and topic according to KCC/MDHHS approved lesson plans		
Multiple topics in each category are separated by a semicolon.		
Practical course - Course meets a 6:1 student/instructor ratio		
 All assisting instructor information is provided, ensuring a 6:1 student/instructor ratio 		
Form is signed and dated by lead instructor (typing a signature in the PDF is acceptable)		
• Student names and emails are provided. Phone numbers are optional		
Course is marked complete for all students		
Evaluations are included for all students		
All evaluations have been reviewed and initialed by all instructors		
Lesson Plan included (click here for CE Lesson Plans)		

I verify the above information is accurate and truthful and that it may be confirmed. This course was taught in accordance with MDHHS BETP guidelines.

Instructor Signature	Date
FOR OFFICE USE ONLY	
I have reviewed all course paperwork and verify the informatic be true and correct.	on provided by the instructor to
Training Center Staff Signature	Date
Invoice Number: Course:	



Continuing Education Units

Course Record Sheet

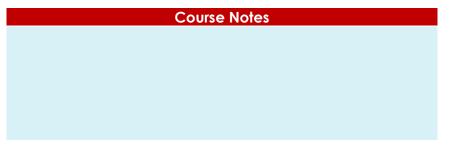
Instructor Information	Course Information
Name	Location
K-ID	Start Date
Phone #	End Date
Email	Start Time
	End Time

Assisting Instructors

Instructor #1 Instructor #2

Category	Торіс	Credits
EMS Provider - Airway Management/Ventilation		
EMS Provider - Medical		
EMS Provider - Operations		
EMS Provider - Patient Assessment		
EMS Provider - Pediatric Medication Administration - Practical		
EMS Provider - Preparatory		
EMS Provider - Special Considerations		
EMS Provider - Trauma		
IC - Educational Administration		
IC - Instructional Techniques		
IC - Measurement and Evaluation		
Other Professional Development		

I verify that the following persons have successfully completed the listed courses in accordance with the standards of the Kellogg Community College EMS Program and that of the Michigan Department of Health and Human Services EMS Section.





Continuing Education Units Course Record Sheet

	Last Name	First Name	Licence #	Phone #	Email (REQUIRED)	License Level	Pass/No Pass
1							
2							
3							
4							
5							
6							
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FOR OFFICE USE ONLY			
Reviewed By		Review Notes	
Review Date			
Program Approval	CE-06-6012		
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