

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:

<i>Item</i>	<i>Initial</i>
Instructor/course information has been completed.	
Proper category selected – topic & credit(s) provided	
<ul style="list-style-type: none"> Course category and topic according to KCC/MDHHS approved lesson plans 	
<ul style="list-style-type: none"> Multiple topics in each category are separated by a semicolon. 	
Practical course - Course meets a 6:1 student/instructor ratio	
<ul style="list-style-type: none"> 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)	
<ul style="list-style-type: none"> Student names and emails are provided. Phone numbers are optional 	
Course is marked complete for all students	
Evaluations are included for all students	
<ul style="list-style-type: none"> 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 information provided by the instructor to be true and correct.	
_____ <i>Training Center Staff Signature</i>	_____ <i>Date</i>
<i>Invoice Number:</i> <input type="text"/>	<i>Course:</i> <input type="text"/>

Continuing Education Units Course Record Sheet

Instructor Information

Name	
K-ID	
Phone #	
Email	

Course Information

Location	
Start Date	
End Date	
Start Time	
End Time	

Assisting Instructors

Instructor #1	
----------------------	--

Instructor #2	
----------------------	--

Category	Topic	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.

Instructor Signature	Date
-----------------------------	-------------

Course Notes

--

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							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

FOR OFFICE USE ONLY

Reviewed By	
Review Date	
Program Approval	CE-06-6012

Review Notes