

# PLEASE KEEP THIS FORM WITH THE COURSE APPROVAL PACKET

Alabama Department of Public Health • Office of Emergency Medical Services  
Alabama Continuing Medical Education Course Approval Application

## CME COURSE ROSTER

Form CME4

Course Title: _____
Sponsoring Agency: _____
Course Date(s): _____

Name (Print)	Signature	AL EMSP Number	EMSP Level	C/I

Signature of course coordinator: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

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