



**State of New Mexico**  
**EMS Bureau**  
1301 Siler Road, Building F  
Santa Fe, NM 87507  
505-476- 8200

**NOTIFICATION OF INTENT TO CONDUCT  
A CONTINUING EDUCATION PROGRAM**

This notification must be received by the State EMS Training Coordinator at least 30 days prior to the start of the first class listed in this notification. Failure to complete and submit this form as prescribed may result in an disapproval. EMS Bureau may monitor and/or evaluate approved continuing education offerings. This may include site visits and/or audits of sponsor records with full knowledge of the sponsor. A roster of those individuals who attended each continuing education offering must be kept on file with your permanent records for at least 36 months.

Program Sponsor:
Mailing Address:
City,State,Zip Code:

Physical Address of class:
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CE Coordinator Name and Contact Phone:
Email Address:
Type of Program: <input type="checkbox"/> Conference/Course <input type="checkbox"/> Annual Request
Are your classes open to outside participants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, CE Coordinator name, contact phone or email address will be posted on EMS website.

CE Coordinator Signature: _____
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