

**WISCONSIN EMS AEMT TRAINING RECORD**  
**AEMT REFRESHER REQUIREMENTS**  
[2020-2023 License Renewal](#)

<b>Name</b>	<b>License Number</b>
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Continuing education is your personal responsibility.

For the 2020-2023 license renewal, all education requirements must be completed between **July 1, 2018, and September 30, 2020**. Flexible continuing education may be obtained through various formats, but needs to be documented as completed education and training between **July 1, 2018, and September 30, 2020**, and must meet requirements of the Wis. Admin. Code § DHS 110.07.

The completed form must accompany the submission of the renewal application to the E Licensing system to verify completion of renewal education course(s).

It is highly suggested that flexible continuing education be obtained through any of the following:

- Courses approved by the Commission on Accreditation for Pre-Hospital Continuing Education ([CAPCE](#)) (F1, F2, F5).
- Conferences sponsored by recognized Wisconsin organizations or hospitals.
- Pre-approved in-house training approved by the EMS service medical director where you are credentialed.

Document the 42 hours of continuing education that meet the suggested course requirements below, add additional sheets if necessary.

Topic/Course Name	Date of Completion July 1, 2018-September 30, 2020	Hours
<b>CPR</b>		
<b>Airway, Breathing and Cardiology</b>		<b>6.0</b>
Suggested Courses: <ul style="list-style-type: none"> <li>• Provide ventilatory support for a patient</li> <li>• Attempt to resuscitate a patient in cardiac arrest</li> <li>• Provide care to a patient who is experiencing cardiovascular compromise</li> <li>• Provide post-resuscitation care for a cardiac arrest patient</li> </ul>		
<b>List actual course(s) taken below:</b>		

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<b>Topic/Course Name</b>	<b>Date of Completion</b> July 1, 2018-September 30, 2020	<b>Hours</b>
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<b>Medical Emergencies</b>		<b>2.0</b>
Suggested Courses: <ul style="list-style-type: none"> <li>• Assess and provide care to a patient experiencing an allergic reaction</li> <li>• Assess a patient who has a possible overdose</li> <li>• Assess and provide care to a drowning patient</li> </ul>		
<b>List actual course(s) taken below:</b>		

<b>Trauma</b>		<b>4.0</b>
Suggested Courses: <ul style="list-style-type: none"> <li>• Perform a primary survey</li> <li>• Assess a patient who has a head injury</li> <li>• Assess and provide care to a patient with a suspected spinal injury</li> <li>• Provide care to a patient who has a chest injury</li> <li>• Provide care to a patient who has an open abdominal injury</li> <li>• Provide care to a patient who has shock/hypoperfusion</li> </ul>		
<b>List actual course(s) taken below:</b>		

<b>Obstetrics and Pediatrics</b>		<b>6.0</b>
Suggested Courses: <ul style="list-style-type: none"> <li>• Assess and provide care to an infant or child in cardiac arrest</li> <li>• Assess and provide care to an infant or child who has respiratory distress</li> <li>• Assess and provide care to an infant or child who has shock/hypoperfusion</li> <li>• Assess and provide care to an infant or child who has trauma</li> </ul>		
<b>List actual course(s) taken below:</b>		



<b>Name</b>	<b>License Number</b>
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<b>Topic/Course Name</b>	<b>Date of Completion</b> July 1, 2018-September 30, 2020	<b>Hours</b>
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<b>Trauma</b>		<b>1.0</b>
Suggested Courses: <ul style="list-style-type: none"> <li>• Provide care to a patient who has a painful, swollen, deformed extremity</li> <li>• Assess and provide care to a patient who has a burn injury</li> </ul>		
<b>List actual course(s) taken below:</b>		

<b>Obstetrics and Pediatrics: 6 Hours</b>		<b>6.0</b>
Suggested Courses: <ul style="list-style-type: none"> <li>• Assess and provide care to an infant or child who has suspected non-accidental trauma or neglect</li> <li>• Assess and provide care to an infant or child who has a fever</li> <li>• Assess and provide care to an obstetric patient</li> <li>• Provide care to a newborn</li> <li>• Provide care to a mother immediately following delivery of a newborn</li> </ul>		
<b>List actual course(s) taken below:</b>		

<b>Operational Tasks: 1 Hour</b>		<b>1.0</b>
Suggested Courses: <ul style="list-style-type: none"> <li>• Use body mechanics when lifting and moving a patient</li> <li>• Communicate with a patient while providing care</li> </ul>		
<b>List actual course(s) taken below:</b>		



Name	License Number
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The Department of Health Services, EMS Section will be conducting audits of the renewal process. If you are selected for an audit, you must provide all requested, required documentation. Failure to provide the requested, required documentation will result in the suspension or revocation of your EMS Provider license or certification.

Indicated by the signatures below, I certify that I have completed all the above continuing education requirements and that I have maintained documentation, as required.

\_\_\_\_\_  
**SIGNATURE** - Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
**SIGNATURE** - Service Director

(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**SIGNATURE** - Service Medical Director

(Print Name)

\_\_\_\_\_  
Date