

Name	License Number
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Topic/Course Name	Date of Completion July 1, 2018-September 30, 2020	Hours
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Medicine		8.0
List actual course(s) taken below:		

Resuscitation and Shock		8.0
List actual course(s) taken below:		

<u>Weapons of Mass Destruction/Preparedness</u>		2.0

Documentation		2.0

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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