WISCONSIN EMS TRAINING RECORD
PARAMEDIC REFRESHER REQUIREMENTS
2018-2020 License Renewal

Name	**License Number**

Continuing education is a personal responsibility.

For the 2018-2020 license renewal, all education requirements must be completed between **July 1, 2016, and June 30, 2018**. Flexible continuing education may be obtained through various formats, but needs to be documented as completed education and training between **July 1, 2016 and June 30, 2018**, and must meet requirements of Administrative 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 office and EMS service medical director.

Document the 48 hours of continuing education that meet the suggested course requirements below, add additional sheets if necessary.

Topic/Course Name	Date of Completion July 1, 2016-June 30, 2018	Hours
CPR		
ACLS		
PALS/PEPP		
Airway, Breathing and Cardiology		**8.0**
Suggested Courses: • Provide ventilatory support for a patient • Attempt to resuscitate a patient in cardiac arrest • Care to a patient who is experiencing cardiovascular compromise • Provide post-resuscitation care for a cardiac arrest patient **List actual course(s) taken below:**		

Name	License Number

Topic/Course Name	Date of Completion July 1, 2016-June 30, 2018	Hours

Medical Emergencies		**3.0**

Suggested Courses:

- Assess and provide care to a patient who has an altered mental status
- Assess and provide care to a patient who has a history of diabetes
- Assess and provide care to a patient who is experiencing a seizure
- Assess and provide care to a patient who was exposed to heat or cold
- Assess and provide care to a patient who is experiencing a behavioral problem
- Assess and provide care to a patient who has a suspected communicable disease

List actual course(s) taken below:

Trauma		**5.0**

Suggested Courses:

- Provide care to a patient who has a painful, swollen, deformed extremity
- Assess and provide care to a patient who has a burn injury

List actual course(s) taken below:

Name	License Number

Topic/Course Name	Date of Completion July 1, 2016-June 30, 2018	Hours

Obstetrics and Pediatrics		**8.0**

Suggested Courses:

- Assess and provide care to an infant or child who has suspected non-accidental trauma or neglect
- Assess and provide care to an infant or child who has a fever
- Assess and provide care to an obstetric patient
- Provide care to a newborn
- Provide care to a mother immediately following delivery of a newborn

List actual course(s) taken below:

Operational Tasks		**2.0**

Suggested Courses:

- Use body mechanics when lifting and moving a patient
- Communicate with a patient while providing care

List actual course(s) taken below:

Weapons of Mass Destruction/Preparedness		**2.0**

Name	License Number

Topic/Course Name	Date of Completion July 1, 2016-June 30, 2018	Hours
Flexible Core Content		**20.0**

Suggested Courses:

- Airway, Breathing and Cardiology – 4.0 Hours
- Assess and provide care for an adult patient who has respiratory distress
- Use oxygen delivery system components
- Perform techniques to ensure a patent airway
- Assess and provide care to a patient who is experiencing non-traumatic chest pain/discomfort

List actual course(s) taken below:

Clear Entire Form

Name	License Number

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