

Name	License Number
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Topic/Course Name	Date of Completion July 1, 2016-June 30, 2018	Hours
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Medical		7.5
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Suggested course(s):

- Special Healthcare Needs – 1.0 hour
- OB Emergencies – 0.5 hour
- Infectious Diseases – 0.5 hour
- Medication Delivery – 1.0 hour
- Pain Management – 1.0 hour
- Psychiatric and Behavioral Emergencies – 1.0 hour
- Toxicological Emergencies | Opioids – 0.5 hour
- Neurological Emergencies | Seizures – 0.5 hour
- Endocrine Emergencies | Diabetes – 1.0
- Immunological Diseases – 0.5 hour

List actual course(s) taken below:

Operations		5.0
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Suggested course(s):

- At-Risk Populations – 0.5 hour
- Ambulance Safety – 0.5 hour
- Field Triage | Disasters/MCIs – 0.5 hour
- EMS Provider Hygiene, Safety, and Vaccinations – 0.5 hour
- EMS Culture of Safety – 0.5 hour
- Pediatric Transport 0.5 hour
- Crew Resource Management – 1.0 hour
- EMS Research – 0.5 hour
- Evidence Based Guidelines – 0.5 hour

List actual course(s) taken below:

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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