

WISCONSIN EMS TRAINING RECORD
CRITICAL CARE PARAMEDIC REFRESHER REQUIREMENTS
[2018-2020 License Renewal](#)

| Name | License Number |
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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 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 office and EMS service medical director.

Document the 24 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 | | |
| Diagnostic Studies: Laboratory Interpretation, Radiology | | 3.0 |
| List actual course(s) taken below: | | |
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| Name | License Number |
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| Respiratory System | | 3.0 |
| List actual course(s) taken below: | | |
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| Sepsis and Multiple Organ Dysfunction Syndrome | | 6.0 |
| 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