EMERGENCY MEDICAL RESPONDER
LICENSE RENEWAL CONTINUING EDUCATION TRACKING FORM

NAME:		BIRTH DATE:	
ADDRESS:		SSN #:	
CITY/STATE:		LICENSE #:	
PHONE:		EXP. DATE:	
EMAIL:		LICENSURE PERIOD	

QAEMS IN-SYSTEM HOURS (12 HRS MIN)

DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS

OUT OF QAEMS SYSTEM HOURS (12 HRS MAX)

DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS

INTERNET HOURS (6 HRS MAX)

DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS
	SUBTOTAL			SUBTOTAL	

CERTIFICATIONS

DATE	COURSE	HOURS	DATE	COURSE	HOURS
BLS Courses - (Max 6 hrs./4 yrs.)				PHTLS/ITLS (Optional)	
	BLS (3 hrs. ea.)			PEPP (Optional)	
	BLS (3 hrs. ea.)			PEPP (Optional)	
		TOTAL HOURS: (24 HRS NEEDED)			

My signature affirms that the documentation on this form is true and that I have documentation of the above listed CEUs and meet all requirements for licensure renewal in the QAEMS System. If audited, I will provide the above CEUs to the EMS Office. Failure to provide the listed CEUs upon request will subject the provider to disciplinary action, including suspension.

Signature: _____

QAEMS Authorization Signature: _____