	EMERGEN			CIAN	
	LICENSE RENEWAL CON	NTINUIN	G EDUCATION	N TRACKING FORM	
NAME:			<b>BIRTH DATE:</b>		
ADDRESS:			SSN #:		
CITY/STATE:			LICENSE #:		
PHONE:			EXP. DATE:		
EMAIL:			LICENSURE PERIOD		
	QAFMS IN-	SYSTE	M HOURS (30 HF	as min)	
DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS
	OUT OF QAEM	15 5151		0 HRS MAX)	
	INTER	NET HO	URS (25 HRS MA)	K)	
			1		
	SUBTOTAL			SUBTOTAL	

CERTIFICATIONS									
DATE	COURSE	HOURS	DATE	COURSE	HOURS				
BLS Courses - (Max 6 hrs./4 yrs.)			PHTLS/ITLS						
	BLS (3 hrs. ea.)			PEPP/PALS					
	<b>BLS</b> (3 hrs. ea. )			PEPP/PALS					
TOTAL HOURS: (60 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: