EMERGENCY COMMUNICATIONS RADIO NURSE					
LICENSE RENEWAL CONTINUING EDUCATION TRACKING FORM					
NAME:			BIRTH DATE:		
ADDRESS:			SSN #:		
CITY/STATE:			LICENSE #:		
PHONE:			EXP. DATE:		
			LICENSURE		
EMAIL:			PERIOD		
QAEMS IN-SYSTEM HOURS (24 HRS MIN)					
DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS
			-		
			-		
			-		
OUT OF QAEMS SYSTEM HOURS (24 HRS MAX)					
INTERNET HOURS (12 HRS MAX)					
	SUBTOTAL			SUBTOTAL	
	COUR	SES/CE	RTIFICATIONS		
DATE	COURSE	HOURS	DATE	COURSE	HOURS
BLS Courses - (Max 6 hrs./4 yrs.)			ACLS		
	BLS (3 hrs. ea.)			ACLS	
	BLS (3 hrs. ea.)			PALS	
				PALS	
TOTAL HOURS: (48 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:					