

EMERGENCY MEDICAL DISPATCHER

LICENSE RENEWAL CONTINUING EDUCATION TRACKING FORM

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

QAEMS SYSTEM HOURS (24 HRS MIN)	
1	24
2	24
3	24
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100	24

[illegible]

OUT OF QAEMS SYSTEM HOURS (24 HRS MAX)

INTERNET HOURS (12 HRS MAX)

SUBTOTAL	
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SUBTOTAL	
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CERTIFICATIONS

DATE	COURSE	HOURS	DATE	COURSE	HOURS
BLS Courses - (Max 6 hrs./4 yrs.)					
	BLS (3 hrs. ea.)	3			
	BLS (3 hrs. ea.)	3			

TOTAL HOURS: (48 HRS NEEDED)		
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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: