

LEAD INSTRUCTOR			
LICENSE RENEWAL CONTINUING EDUCATION TRACKING FORM			
NAME:		BIRTH DATE:	
ADDRESS:		SSN #:	
CITY/STATE:		LICENSE #:	
PHONE:		EXP. DATE:	
EMAIL:		LICENSURE PERIOD	

QAEMS IN-SYSTEM HOURS (20 HRS MIN)					
DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS

OUT OF QAEMS SYSTEM HOURS (20 HRS MAX)					

STATE REQUIRED-INSTRUCTOR IMPROVEMENT/DEVELOPMENT (2021 20 hrs., 2016-2020 pro-rated)					

SUBTOTAL		SUBTOTAL	
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CERTIFICATIONS					
DATE	COURSE	HOURS	DATE	COURSE	HOURS
BLS Courses - (Max 6 hrs./4 yrs.)				ACLS	
	BLS (3 hrs. ea.)			ACLS	
	BLS (3 hrs. ea.)			PEPP/PALS	
	PHTLS / ITLS			PEPP/PALS	

SUBTOTAL		SUBTOTAL	
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I have taught the following course/s in the 4 Year Renewal Period (or attach list)					
DATE	COURSE	HOURS	DATE	COURSE	HOURS
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: _____