PARAMEDIC/PHRN					
LICENSE RENEWAL CONTINUING EDUCATION TRACKING FORM					
NAME:			BIRTH DATE:		
ADDRESS:			SSN #:		
CITY/STATE:			LICENSE #:		
PHONE:			EXP. DATE:		
			LICENSURE		
			PERIOD		
QAEMS IN-SYSTEM HOURS (50 HRS MIN, 75% ALS Level)					
DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS
OUT OF QAEMS SYSTEM HOURS (50 HRS MAX)					
INTERNET HOURS (25 HRS MAX)					
	SUBTOTAL			SUBTOTAL	
CERTIFICATIONS					
DATE	COURSE	HOURS	DATE	COURSE	HOURS
CPR/E	BLS Courses - (Max 6 hrs./4 yrs.)			ACLS	
BLS (3 hrs. ea.)				ACLS	
	BLS (3 hrs. ea.)			PEPP/PALS	
PHTLS / ITLS				PEPP/PALS	
TOTAL HOURS: (100 HRS NEEDED)					
TOTAL HOUNG. (100 HING MELDED)					
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: