Continuing Education Recertification Program

EMT Number	Agency Co	de		Social Security Nu	mber (X —	
Last Name	lame			Phone		
First Name				MI		
Address				Email Address		
City	State			Zip Code		
Recertification Program as f maintaining current certific this program I may be requi Emergency Medical Service participation in continuing evaluation. The Bureau or it officers of my EMS agency, a	ation as an EMT, AEM red to complete surve s or its designee may education activities. T s agent may contact t	T, EMT-CC or Paramedic. I urys or questionnaires regan randomly audit this progra his audit may include writ he REMAC, Medical Direct	understand that ding my partici am and view rec ten testing and	as a participant in pation. The Bureau of ords pertaining to my practical skills		
certificates and other requir	ed verification. It is ur / may be grounds for r	nderstood that false staten revocation of certification a	nents or docume and applicable c	ents submitted with ivil and criminal		
I hereby affirm that all state certificates and other requir the intent to falsely recertify penalties. This form must b Applicant's Printed Name	ed verification. It is ur / may be grounds for r	nderstood that false staten revocation of certification a	nents or docume and applicable c	ents submitted with ivil and criminal	 Date	
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Last Name	First Name					
EMT Refresher Training – 20 Hours						
Topic Area	Required Hours	Hours Earned	Date	Course	Source/ Method	
Preparatory	1.0					
Airway	2.0					
Pharmacology, Med. Admin., Emergency Meds.	1.0					
Immunology	0.5					
Toxicology	0.5					
Endocrine	0.5					
Neurology	0.5			·		
Abdominal, Geni-Renal, GI, Hematology	1.0					
Respiratory	1.0					
Psychiatric	1.0					
Cardiology	2.0					
Shock & Resuscitation	2.0					
Trauma	2.0					
Geriatrics	1.5					
OB, Neonate, Pediatrics	1.5					
Special Needs Pt.	1.0					
EMS Operations	1.0					
TOTALS	20.0		-			
CIC Signature						
CIC Print Name						
CIC Number						

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Last Name	lame First Name				
Mandatory Topics 5 hours					
Topic Area	Required Hours	Hours Earned	Date	Course	Source/ Method
Mental Health of EMT	1.0				
Patient Lifting and Moving	1.0				
Safe Transport of Ped. Patients	1.0				
Emergency Vehicle Driver Training	2.0				
TOTALS	5.0				
Additional 20 Hours of Continuing	g Education				
Topic Area	Required Hours	Hours Earned	Date	Course	Source/ Method
	N/A				
	<u>N/A</u>				
	N/A				
	<u>N/A</u>				
	N/A				
	N/A				
	<u>N/A</u>				
	<u>N/A</u>				
	<u>N/A</u> N/A				
Total Hours	N/A				
CPR *A Copy of Current Ca	rd (front and b	ack) MUST Ac	company This	s Application*	
	ion PSE Skill S				
Skill					Training Officer's Signature
Patient Assessment (Medical and Ti	rauma)				
Airway/Ventilation (Simple Adjunc		tal Oxygen De	livery, BVM –	one and two rescuer)	
Cardiac Arrest Management includ			,	· · · ·	
		ury, joint inju	y, and tractio	n splinting)	