EMERGENCY MEDICAL RESPONDER									
LICENSE RENEWAL CONTINUING EDUCATION TRACKING FORM									
NAME:			BIRTH DATE:						
ADDRESS:			SSN #:						
CITY/STATE:			LICENSE #:						
PHONE:			EXP. DATE:						
			LICENSURE						
EMAIL:			PERIOD						
QAEMS IN-SYSTEM HOURS (12 HRS MIN)									
DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS				
		0			0				
Beginning August 2023, ALL EMS License renewals need 1 HR min of Dementia Specific CE.									
	Please list a qualifying								
bttr	s://training.alz.org/home	h	https://agec.uams.edu	/courses/dementia-training-for-first-responders	s/				
INTERNET HOURS (6 HRS MAX)									
	INTER		OURS (6 HRS MAX)					
	SUBTOTAL	0		SUBTOTAL	0				
CERTIFICATIONS									
DATE	COURSE	HOURS	DATE	COURSE	HOURS				
		_							

CERTIFICATIONS									
DATE	COURSE	HOURS	DATE	COURSE	HOURS				
BLS Courses - (Max 6 hrs./4 yrs.)				PHTLS/ITLS (Optional)					
	BLS (3 hrs. ea.)			PEPP (Optional)					
	BLS (3 hrs. ea.)			PEPP (Optional)					
TOTAL HOURS: (24 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: