

**PARAMEDIC/PHRN**

**LICENSE RENEWAL CONTINUING EDUCATION TRACKING FORM**

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

**QAEMS IN-SYSTEM HOURS (50 HRS MIN, 75% ALS Level)**

DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS

**Beginning August 2023, ALL EMS License renewals need 1 HR min of Dementia Specific CE. Please list a qualifying CE below. (FREE sites listed below.)**


<https://training.alz.org/home>

<https://agec.uams.edu/courses/dementia-training-for-first-responders/>

**INTERNET HOURS (25 HRS MAX)**

DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS

SUBTOTAL

SUBTOTAL

**CERTIFICATIONS**

DATE	COURSE	HOURS	DATE	COURSE	HOURS
<b>CPR/BLS Courses - (Max 6 hrs./4 yrs.)</b>				<b>ACLS</b>	
	<b>BLS</b> (3 hrs. ea.)			<b>ACLS</b>	
	<b>BLS</b> (3 hrs. ea.)			<b>PEPP/PALS</b>	
	<b>PHTLS / ITLS</b>			<b>PEPP/PALS</b>	

**TOTAL HOURS: (100 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: \_\_\_\_\_