EMERGENCY COMMUNICATIONS RADIO NURSE					
	LICENSE RENEWAL COM	NTINUIN		TRACKING FORM	
NAME:			BIRTH DATE:		
ADDRESS:			SSN #:		
CITY/STATE:			LICENSE #:		
PHONE:			EXP. DATE: LICENSURE		
EMAIL:			PERIOD		
QAEMS IN-SYSTEM HOURS (24 HRS MIN)					
DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS
57112			1	I SOURCE	I I I I I
Beginn	i <mark>ng August 2023, ALL EMS Lice</mark>	nse ren	ewals need 1 l	HR min of Dementia Specific Cl	=_
209	Please list a qualifying			- The state of the	
httr	os://training.alz.org/home	h	ttps://agec.uams.edu	/courses/dementia-training-for-first-responder	rs/
			URS (12 HRS MAX		
	INTERI		TONS (12 HRS WAX	T	
	SUBTOTAL		1	SUBTOTAL	
COURSES/CERTIFICATIONS					
DATE	COURSE	HOURS	DATE	COURSE	HOURS
BL	.S Courses - (Max 6 hrs./4 yrs.)			ACLS	
	BLS (3 hrs. ea.)			ACLS	
	BLS (3 hrs. ea.)			PALS	
				PALS	
			TOTAL HOUR	RS: (48 HRS NEEDED)	
My signature affirm	s that the documentation on this form is true a	and that I ha	ave documentation of	the above listed CELIs and meet all requirem	ents for lice
renewal in the QAE	MS System. If audited, I will provide the above				
disciplinary action,	including suspension.				
	Signature:				_
	QAEMS Authorization Signature:				
					_