

**EMERGENCY MEDICAL DISPATCHER  
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 SYSTEM HOURS (24 HRS MIN)					
DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS

INTERNET HOURS (12 HRS MAX)					
DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS
<b>SUBTOTAL</b>			<b>SUBTOTAL</b>		

CERTIFICATIONS					
DATE	COURSE	HOURS	DATE	COURSE	HOURS
<b>BLS Courses - (Max 6 hrs./4 yrs.)</b>					
	BLS (3 hrs. ea.)	<b>3</b>			
	BLS (3 hrs. ea.)	<b>3</b>			
<b>TOTAL HOURS: (48 HRS NEEDED)</b>					

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:** \_\_\_\_\_