LEAD INSTRUCTOR										
	LICENSE RENEWAL CON	ITINUIN		TRACKING FORM						
NAME:			BIRTH DATE:							
ADDRESS:			SSN #:							
CITY/STATE:			LICENSE #:							
PHONE:			EXP. DATE:							
			LICENSURE							
EMAIL:			PERIOD							
			I HOURS (20 HF							
DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS					
OUT OF QAEMS SYSTEM HOURS (20 HRS MAX)										
			Ì	,						
STATE REQUIRED-INSTRUCTOR IMPROVEMENT/DEVELOPMENT (2021 20 hrs., 2016-2020 pro-rated)										
					ĺ					
	SUBTOTAL			SUBTOTAL						
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.)			PEPP/PALS						
	PHTLS / ITLS			PEPP/PALS						
	SUBTOTAL	<u> </u>		SUBTOTAL						
I have taught the following course/s in the 4 Year Renewal Period (or attach list)										
DATE	COURSE	HOURS	DATE	COURSE	HOURS					
	1		TOTAL HOUS	RS: (48 HRS NEEDED)						
TOTAL HOURS: (48 HRS NEEDED)										
				COLUMN TO LOCAL TO A TO	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					
licensure renewal in		de the abov	e CEUs to the EMS							
licensure renewal in	n the QAEMS System. If audited, I will provict the provider to disciplinary action, including	de the abov	e CEUs to the EMS							
licensure renewal in	n the QAEMS System. If audited, I will provide	de the abov suspension	e CEUs to the EMS							