EMERGENCY MEDICAL TECHNICIAN					
LICENSE RENEWAL CONTINUING EDUCATION TRACKING FORM					
NAME:			BIRTH DATE:	I	
ADDRESS:			SSN #:		
CITY/STATE:			LICENSE #:		
PHONE:			EXP. DATE:		
			LICENSURE		
EMAIL:			PERIOD		
QAEMS IN-SYSTEM HOURS (30 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 CE below. (FREE sites listed below.)					
	Please list a qualifying	CE bei	DW. (FREE SIT	tes listed below.)	
<u>http</u>	s://training.alz.org/home	ttps://agec.uams.edu/courses/dementia-training-for-first-responders/			
INTERNET HOURS (15 HRS MAX)					
	SUBTOTAL	0		SUBTOTAL	0
CERTIFICATIONS					
DATE	COURSE	HOURS	DATE	COURSE	HOURS
BL	S Courses - (Max 6 hrs./4 yrs.)			PHTLS/ITLS	
	BLS (3 hrs. ea.)			PEPP/PALS	
	BLS (3 hrs. ea.)			PEPP/PALS	
TOTAL HOURS: (60 HRS NEEDED) 0					
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:					