EMERGENCY MEDICAL TECHNICIAN
LICENSE RENEWAL CONTINUING EDUCATION TRACKING FORM

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

QAEMS IN-SYSTEM HOURS (30 HRS MIN)

DATE	COURSE & SITE CODE	HOURS	DATE	COURSE	HOURS
		0.00			0.00

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 (15 HRS MAX)

SUBTOTAL 0.00 **SUBTOTAL** 0.00

CERTIFICATIONS

DATE	COURSE	HOURS	DATE	COURSE	HOURS
BLS 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) 0.00

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: _____