



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

**2017 - 2018
Continuing
Education
Record**
page 1 of 2

ECRN _____

Hospital _____

- NWC EMSS specific CE/year; Refer to C2 policy for requirements.

Date	Topic	Method	Educator Signature /	Comments	CE Time
Jul _____ 2017	Adult Trauma Mgt ITC	<input type="checkbox"/> Class <input type="checkbox"/> CECQ			
Aug _____ 2017	Peds Trauma Mgt	<input type="checkbox"/> Class <input type="checkbox"/> CECQ			
Sep _____ 2017	Head and Chest Trauma	<input type="checkbox"/> Class <input type="checkbox"/> CECQ			
Oct _____ 2017	Med-Legal/Ethics/ AMS	<input type="checkbox"/> Class <input type="checkbox"/> CECQ			
Nov _____ 2017	Pit Crew CA Adult and Peds <u>MANDATORY</u>	<input type="checkbox"/> Class			
Jan _____ 2018	Adult Chronic Illnesses	<input type="checkbox"/> Class <input type="checkbox"/> CECQ			
Feb _____ 2018	MPIs and WMD	<input type="checkbox"/> Class <input type="checkbox"/> CECQ			
Mar _____ 2018	HF vs. Asthma Cardiogenic Shock	<input type="checkbox"/> Class <input type="checkbox"/> CECQ			
Apr _____ 2018	ACS/ 12-Leads Dysrhythmia Mgt	<input type="checkbox"/> Class <input type="checkbox"/> CECQ			
May _____ 2018	Environmental Emergencies	<input type="checkbox"/> Class <input type="checkbox"/> CECQ			

This form is PROPERTY of the NWC EMSS and must be returned at the end of the CE year (Jun 18), or when the ECRN leaves the hospital. Do NOT throw out or destroy this form.

CE hours subtotal: _____

