NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM
EST 1972

# 2017 - 2018 Continuing Education Record



EMT
Paramedic

EMS
Provider

Paramedics/PHRNs primary in NWC EMSS: 30h 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 | ☐ Class ☐ CECQ | | 2 |
| **Aug** _____ **2017** | Peds Trauma Mgt | ☐ Class ☐ CECQ | | 2 |
| **Sep** _____ **2017** | Head and Chest Trauma | ☐ Class ☐ CECQ | | 2 |
| **Oct** _____ **2017** | Med-Legal/Ethics/ AMS | ☐ Class ☐ CECQ | | 2 |
| **Nov** _____ **2017** | Pit Crew CA Adult and Peds ***MANDATORY*** | ☐ Class | | 2 |
| **Jan** _____ **2018** | Adult Chronic Illnesses | ☐ Class ☐ CECQ | | 2 |
| **Feb** _____ **2018** | MPIs and WMD | ☐ Class ☐ CECQ | | 2 |
| **Mar** _____ **2018** | HF vs. Asthma Cardiogenic Shock | ☐ Class ☐ CECQ | | 2 |
| **Apr** _____ **2018** | ACS/ 12-Leads Dysrhythmia Mgt | ☐ Class ☐ CECQ | | 2 |
| **May** _____ **2018** | Environmental Emergencies | ☐ Class ☐ CECQ | | 2 |

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

**CE hours subtotal:** _____

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EMT/Paramedic

EMS Provider

| | Scenario Based Airway Mgt | Complete One per Quarter (line next to month to list date) | Location (field/lab/ED/OR) | CE time | Educator Preceptor |
|---|---|---|---|---|---|
| # 1 | DAI Bougie ETI ***AND*** KING LTSD w/ NGT | Jul_____ Aug_____ Sep_____ | | 0.5h | |
| # 2 | DAI Bougie ETI ***AND*** KING LTSD w/ NGT | Oct_____ Nov_____ Dec_____ | | 0.5h | |
| # 3 | DAI Bougie ETI ***AND*** KING LTSD w/ NGT | Jan_____ Feb_____ Mar_____ | | 0.5h | |
| # 4 | DAI Bougie ETI ***AND*** KING LTSD w/ NGT | Apr_____ May_____ Jun_____ | | 0.5h | |

| Date | **Topic** (attach certificate/documentation) | CE Time | **Instructor** (print name) |
|---|---|---|---|
| | CPR | | |
| | Infection Control / Blood-borne Pathogens | | |
| | Restraints | | |
| | | | |
| **NOTE:** CE Credit Questions may be completed for additional CE time, even if participant attends the CE class. | | | |
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| | Subtotal of CE hours from p. 1 : | | Total: |
| | Subtotal of CE hours from p. 2: | | RN Signature: |

Current PM license checked – expires (list date):