



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

**2022 - 2023
Continuing
Education
Record**
page 1 of 2

EMT
Paramedic
PHRN

EMS
Agency

Paramedics/ PHRNs in the NWC EMSS must complete 30h Hrs CE/year (at least 9 out of 10 In-station classes) + mandatory competencies + supplemental CE to reach required hours; See C2 policy for details.

Date	Topic	Method	Educator Signature / Comments	CE Time
Jul _____ 2022	Pharmacology: Routes & Dosing	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Aug _____ 2022	Trauma Updates: Trauma Triage Guidelines; Head & Spinal Cord Injuries; Burns	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Sep _____ 2022	EMS Operations: Emergency Preparedness & Response MPI management	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Oct _____ 2022	Cardiac Rhythm Interpretation & Treatments	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Nov _____ 2022	Cardiac Arrest QI Data Documentation Stroke	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Jan _____ 2023	Special Patient Populations & Medical Devices	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Feb _____ 2023	Documentation; POLST & CANTS Forms; Image Trend Templates	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Mar _____ 2023	OB: Peri & Postpartum Complications Newborn Resuscitation Pediatrics	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Apr _____ 2023	Airway/ Respiration/Ventilation	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
May _____ 2023	Medical Emergencies SOPs: Abdominal; Environmental; DB; Seizures	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2

This form is PROPERTY of the NWC EMSS and must be returned at the end of the CE year (Jun '23), or when the PM leaves the provider agency. Do NOT throw out or destroy this form.

CE hours subtotal: _____



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#	Scenario Based Airway Mgt	Complete One per Quarter (enter date completed next to month)			Location (lab/ED/OR)	CE time	Educator Preceptor
		Jul_____	Aug_____	Sep_____			
# 1	DAI ETI (VL) <u>AND</u> iGel advanced airway	Jul_____	Aug_____	Sep_____		0.5hr	
# 2	DAI ETI (VL) <u>AND</u> iGel advanced airway	Oct_____	Nov _____	Dec_____		0.5hr	
# 3	DAI ETI (VL) <u>AND</u> iGel advanced airway	Jan _____	Feb_____	Mar_____		0.5hr	
# 4	DAI ETI (VL) <u>AND</u> iGel advanced airway	Apr_____	May_____	Jun_____		0.5hr	

Date	Mandatory Annual Topics (attach certificate/documentation)	Time	Instructor (print name)
	CPR	(3 hr max)	
	Infection Control / Blood-borne Pathogens	(2 hr max)	
	Aggression mgt/Restraints	(1 hr max)	
	Chem Pack/EMS Stockpile	(1 hr max)	
	Mandated Reporter	(1 hr max)	

Additional CE NOTE: Credit Questions may be completed for additional time, even if participant attends the CE class

Subtotal of CE hours from p. 1 :	Total:
Subtotal of CE hours from p. 2:	RN Signature:

Current PM license checked – expires (list date):