



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

2021 - 2022 Continuing Education Record

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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 _____ 2021	Acute & chronic neuro / Stroke	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Aug _____ 2021	Trauma: ITC, ocular, facial, TBI, spine	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Sep _____ 2021	Trauma: Thoracic, abd, GU, pelvic, OB, skeletal	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Oct _____ 2021	Trauma – BURNS (non-thermal)	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Nov _____ 2021	Shock case studies: All etiologies	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Jan _____ 2022	Abuse: Child, interpersonal, elder, human trafficking	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Feb _____ 2022	Infectious diseases/Sepsis/ MCI tabletop	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Mar _____ 2022	Behavioral: Suicide screen / OD / SUD / naloxone	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Apr _____ 2022	Legal & Ethical challenges	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
May _____ 2022	Cardiac Arrest: Adult & Peds	<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 '22), 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
# 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	Topic (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)		
	Annual Chem Pack/EMS Stockpile CE (1 hr max)		
Additional CE - NOTE: CE Credit Questions may be completed for additional CE 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):			