



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

2020 - 2021 Continuing Education Record

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ECRN

Hospital

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

Date	Topic	Method	Educator Signature / Comments	CE Time
Jul _____ 2020	Stroke and Seizures	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		
Aug _____ 2020	Diabetes / Elderly / Obesity	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		
Sep _____ 2020	Pediatric	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		
Oct _____ 2020	OB	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		
Nov _____ 2020	*Team CA: comp. testing Adult / Peds <u>(10:1 student/instructor ratio)</u>	<input type="checkbox"/> Class		
Jan _____ 2021	Acute/Chronic Respiratory Emergencies; Adult and Peds	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		
Feb _____ 2021	Cardiac Rhythm Review	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		
Mar _____ 2021	Cardiac: 12 lead review	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		
Apr _____ 2021	Cardiac: Case studies	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		
May _____ 2021	Cardiac Arrest: Practical vs. tabletop	<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 '21), or when the ECRN leaves the hospital. Do NOT throw out or destroy this form.

CE hours subtotal: _____

