Peer Educator Teaching Experience Record

Use 1 form for each 4 year recognition cycle



Name:	<u>.</u>	
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Date certificate issued:

Peer Educator level:

Expiration date:

Each Peer educator must maintain their Illinois EMS license in good standing. They must fulfill annual CE requirements mandated by law, rule or System policy for their level of licensure. If a Peer Educator with NWC EMSS practice privileges has their EMS license and/or practice privileges suspended or they are on inactive status, their educator credentials shall also be suspended or inactive and reinstated when their EMS privileges are reinstated. Reinstatement may require additional educator competency measurement depending on the duration of the suspended/inactive status. Peer Educators who are not active members of the NWC EMSS must maintain annual NWC EMSS CE requirements and annual competency measures.

Peer educator renewal requirements: Submit proof of classes taught to their assigned hospital EMSC/educator on their Annual CE record or the log below prior to completion of the recredentialing process

- Peer I (BLS Skills): Teach at least 1 BLS skill session/class annually and at least 4 different skills over a 4 yr period.
- Peer II (BLS+ALS skills): Teach at least 1 ALS skill /class annually and at least 4 different skills over a 4 yr period.
- Peer III: Conduct at least one educational course/offering in each calendar year requiring a site code submission.
- **Peer IV**: Conduct at least 1 Instation CE class in 9 of the 10 months in each of the academic calendar years in the current recognition period.

If the peer educator has not successfully fulfilled performance expectations annually, opportunities for improvement will be documented in writing in the form of a corrective action plan and provided to the individual, an administrative representative of their employer, the EMS MD, EMS Administrative Director, and CE Coordinator. Their educator status shall be suspended when all other intent to suspend notices are issued.

Date(s) of class	Educational topic/skill presented – if course LI; attach schedule	Venue (EMT/PM courses/CE)	Signature of LI/Program Director

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