



Northwest Community EMS System

Northwest Community Hospital
 901 W. Kirchoff Rd.
 EMS Offices
 Arlington Heights, IL 60005
 Phone: 847-618-4480 Fax: 847-618-4489

Date	Name of PM:
Agency:	<input type="checkbox"/> Primary (need 32 hrs NWC EMSS-specific CE this year due to April CARS rollout) <input type="checkbox"/> Secondary (needs 16 hrs NWC EMSS CE this year due to April CARS rollout)

Accounting of CE hours; verification of competencies for Academic Year 2012-2013

<input type="checkbox"/> All CE topics completed in compliance with C2 policy (must attend at least 8 out of 10; if up to 2 classes missed, must do credit questions for at least 1) Total # hours to date (including verified independent study time or attendance at other CE events per policy):	CE not completed	
	<input type="checkbox"/> 7/12 Needs assessment <input type="checkbox"/> 8/12 Chest trauma <input type="checkbox"/> 9/12 Eye and Ear Emerg <input type="checkbox"/> 10/12 Airway, oxygenation, ventilation <input type="checkbox"/> 11/12 Airway practical	<input type="checkbox"/> 1/13 Family violence <input type="checkbox"/> 2/13 Topics in trauma <input type="checkbox"/> 3/13 Team resuscitation <input type="checkbox"/> 4/13 CARS rollout (no CE hrs) <input type="checkbox"/> 5/13 Three Ds and Bs – DNR (POLST) form; D10 rollouts
<input type="checkbox"/> All post-tests completed	Post-tests missing or needs retest	
	<input type="checkbox"/> 7/12 Cardiac arrest <input type="checkbox"/> 8/12 Needs assessment <input type="checkbox"/> 9/12 Chest trauma <input type="checkbox"/> 10/12 Eye and Ear Emerg <input type="checkbox"/> 11/12 Airway, oxygenation	<input type="checkbox"/> 1/13 Airway oxygenation <input type="checkbox"/> 2/13 Family Violence <input type="checkbox"/> 3/13 Topics in trauma <input checked="" type="checkbox"/> 4/13 None <input type="checkbox"/> 5/13 Team resuscitation
<input type="checkbox"/> All 4 airway competencies complete <i>Hours included in 11/12 airway practical allowance of 2 hours</i>	Airway competency missing/incomplete	
	<input type="checkbox"/> Digital intubation <input type="checkbox"/> Nov. Practical Exam	<input type="checkbox"/> Anterior intubation <input type="checkbox"/> Nasal intubation
<input type="checkbox"/> CPR complete; CPR card in file (3 hrs)	<input type="checkbox"/> CPR Mandatory incomplete; no card	
<input type="checkbox"/> Infection control: annual mandatory ed complete	<input type="checkbox"/> Infection control: annual mandatory education incomplete	
<input type="checkbox"/> Restraints: annual competency complete	<input type="checkbox"/> Restraints: annual mandatory competency incomplete	

If you are done, **Congratulations! Keep this form for your personal files.**

If any component is incomplete, please let us know if your failure to complete the requirement stems from a desire to drop your Paramedic license or other extenuating circumstances that may have kept you from complying with System policy. Otherwise, we trust that all outstanding elements will be completed by July 1, 2013 to keep you in good standing in the System.

In witness: Hospital EMS Coordinator/Educator

CC: Give original to individual for their records
 Chief/ EMS CEO or Provider EMS Coordinator
 Hospital EMSC for PM file