**EMS CONTINUING EDUCATION FORM**

LOCATION: DATE: TRAINING HOURS:

**TYPE OF INSTRUCTION (check one):**

 COLLEGE OR NPS COURSE

 CONFERENCE/DIDACTIC/LECTURE

 CLINICAL/INTUBATION EXPERIENCE

 SKILLS WORKSHOP

EMS INSTRUCTION

 MODULES (ACLS, PALS, PHTLS, CPR, etc.)

 MEDICAL RUN REVIEW

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| **NREMT MODULE**: | **DESCRIPTION:** |
| * Preparatory
* Airway
* OB, Infants, Children
* Patient Assessment
* Medical/Behavioral
* Trauma
* Elective
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**PARTICIPANTS:**

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| **SUBMITTED BY: (Student signature/Date)**  | **APPROVED BY: (Instructor signature/Date**) |
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