



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

**2024 - 2025
Continuing
Education
Record**
page 1 of 2

EMT
Paramedic
PHRN

EMS
Agency

Paramedics/ PHRNs in the NWC EMSS must complete 30 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 _____ 2024	Adult & Peds Respiratory Asthma Allergies	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Aug _____ 2024	Environmental Water Related Industrial Emergencies	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Sep _____ 2024	Adult & Peds Altered Mental Status	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Oct _____ 2024	Stroke Neuro	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Nov _____ 2024	Policies Operations EMS Litigation	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Jan _____ 2025	Adult & Peds Infection Sepsis	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Feb _____ 2025	Evidenced Bases Trauma Guidelines Updates Head & Spinal Cord Injuries	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Mar _____ 2025	Adult & Peds AHA Updates Cardiac Cases Practical Stations	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
Apr _____ 2025	Thoracic / Abd / GU / Pelvic Trauma Practical Stations Peds Distal Femur	<input type="checkbox"/> Class <input type="checkbox"/> CECQ		2
May _____ 2025	OB & Gynecological Emergencies	<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 '25), 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) AND iGel advanced airway	Jul_____	Aug_____	Sep_____		0.5hr	
# 2 DAI ETI (VL) AND iGel advanced airway	Oct_____	Nov _____	Dec_____		0.5hr	
# 3 DAI ETI (VL) AND iGel advanced airway	Jan _____	Feb_____	Mar_____		0.5hr	
# 4 DAI ETI (VL) AND iGel advanced airway	Apr_____	May_____	Jun_____		0.5hr	

Date	Mandatory Annual Topics (attach certificate/documentation)	Time	Instructor (print name)
	CPR (BLS for healthcare provider)	(3 hr max)	
	Infection Control / Blood-borne Pathogens	(2 hr max)	
	Aggression mgt/Restraint competency	(1 hr max)	
	Chem Pack/EMS Stockpile	(1 hr max)	
	Mandated Reporter	(2 hr max)	
	Alzheimer Education	(1 hr min per relicensure period)	

Additional CE NOTE: Credit Questions may be completed for additional 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):