

Connecticut Department of Public Health

Office of Emergency Medical Services

EMS Certification - Verification of CEU's Form

	EMR	EMT		АЕМТ	
Applicant Information	n				REV 1 2021
Name:				Date:	
Email Address:					
EMS Certification #			Phone:		
Signature:					
Instructions					

1. Complete this form. 2. Save form to your desktop. 3. Upload form with your online renewal via www.elicense.ct.gov or email to dph.emslicensing@ct.gov. For more about this topic please click here.

Natio	onal	Hours

Airway, Respiration and Ventilation	Hours	Date	Instructors name and State
Total:		*Totals must equal: El	MR 1 hour or higher; EMT 1.5 hours or higher; AEMT 2.5 hours or higher**
Cardiovascular	Hours	Date	Instructors name and State
Total:		*Totals must equal: E	MR 2.5 hours or higher; EMT 6 hours or higher; AEMT 7 hours or higher**
Trauma	Hours	Date	Instructors name and State
Total:		*T-4-1	
Medical	Hours	Date	MR 0.5 hour or higher; EMT 1.5 hours or higher; AEMT 3 hours or higher** Instructors name and State
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*Totals must equal: EMR 3 hours or higher; EMT 6 hours or higher; AEMT 7.5 hours or higher**

Verification of CEU's Form

Name:			EMS Cert #
Operations	Hours	Date	Instructors name and State
Total:		*Totals must equal: E	MR 1 hour or higher; EMT 5 hours or higher; AEMT 5 hours or higher**
Total Hours:		*Totals must equal: EN	1R 8 hours or higher; EMT 20 hours or higher; AEMT 25 hours or higher**
Local / Individual hours – Topics	Hours	Date	Instructors name and State
Total:		*Totals must equal: H	EMR 8 hours or higher; EMT 20 hours or higher; AEMT 25 hours or higher**

CT Department of Public Health, EMS Certification · 410 Capitol Ave., MS #12 EMS · P.O. Box 340308 · Hartford, CT 06134-0308