



Connecticut Department of Public Health
Office of Emergency Medical Services



EMS Certification - Verification of CEU's Form

EMR

EMT

AEMT

Applicant Information				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. For more about this topic please click [here](#).

National Hours

Airway, Respiration and Ventilation	Hours	Date	Instructors name and State
Total:		*Totals must equal: EMR 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: EMR 2.5 hours or higher; EMT 6 hours or higher; AEMT 7 hours or higher**	

Trauma	Hours	Date	Instructors name and State
Total:		*Totals must equal: EMR 0.5 hour or higher; EMT 1.5 hours or higher; AEMT 3 hours or higher**	

Medical	Hours	Date	Instructors name and State
Total:		*Totals must equal: EMR 3 hours or higher; EMT 6 hours or higher; AEMT 7.5 hours or higher**	

