



Connecticut Department of Public Health  
Office of Emergency Medical Services



Uniform EMS Continuing Education Certificate

**Do not upload to OEMS - Keep in your personal files.**

<b>Participant Information</b>				
Name:				
Level of Provider:	<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> Advanced EMT	<input type="checkbox"/> Paramedic
EMS Certification #:			Expiration:	
<b>Continuing Education Information</b>				
Date:				
Title/Topic:				
Location:				
Start Time:		End Time:		Total CME Hours:
Approval #:				
Instructor Name:			Instructor EMS-I #:	
If Instructor is not a certified EMS-I, list qualification:				
<b>Suggested NREMT NCCR Category</b>				
<input type="checkbox"/> Airway, Respiratory, Ventilation	Ventilation, Capnography, Oxygenation, Skills			
<input type="checkbox"/> Cardiovascular	Post Resuscitation Care, Stroke, Cardiac Arrest, Pediatric Cardiac Arrest, Ventricular Assist Devices, Congestive Heart Failure, Acute Coronary Syndromes			
<input type="checkbox"/> Trauma	Trauma Triage, CNS Injury, Hemorrhage Control, Fluid Resuscitation			
<input type="checkbox"/> Medical	Special Healthcare Needs, Obstetrical Emergencies, Infectious Disease, Medication Delivery, Pain Management, Psychiatric, Toxicology, Neurology, Endocrine, Immunological			
<input type="checkbox"/> Operations	At Risk Populations, Ambulance Safety, Field Triage, Hygiene & Vaccinations, Culture of Safety, Pediatric Transport, Crew Resource Management, Research, Evidence Based Guidelines			
<input type="checkbox"/> General CME	Any EMS related topic that may be applied to the Local or Individual Requirement			
<b>Certification</b>				
Instructor	I certify that this is a true and accurate record of the above named person participating in an approved EMS continuing education program for the listed number of hours. If this program is identified as a National Continued Competency Requirement (NCCR) program, I certify that the program was presented according to the current outline provided by the National Registry of EMTs.			
Signature			Date:	
Participant	I certify that this is a true and accurate record of my participation in this approved EMS continuing education program and that I participated for the number of hours listed. I will maintain a copy of this certificate for audit by the Department of Public Health, Office of Emergency Medical Services, and will upload a copy to my NREMT.org training portal (when available).			
Signature	NCCR		Date:	

Check when entered in NREMT.org

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