



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.

| Participant Information | | | | | |
|---|---|------------------------------|---------------------------------------|------------------------------------|---|
| Name: | | | | | |
| Level of Provider: | <input type="checkbox"/> EMR | <input type="checkbox"/> EMT | <input type="checkbox"/> Advanced EMT | <input type="checkbox"/> Paramedic | <input type="checkbox"/> EMS Instructor |
| EMS Certification #: | | | Expiration: | | |
| Continuing Education Information | | | | | |
| 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: | | | | | |
| Suggested NREMT NCCR Category | | | | | |
| <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 | | | | |
| Certification | | | | | |
| 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 | | | Date: | | |

Check when entered in NREMT.org