



**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](http://www.elicense.ct.gov) or email to [dph.emslicensing@ct.gov](mailto:dph.emslicensing@ct.gov). For more about this topic please click [here](#).**

**National Hours**

Airway, Respiration and Ventilation	Hours	Date	Instructors name and State
<b>Total:</b>			

\*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
<b>Total:</b>			

\*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
<b>Total:</b>			

\*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
<b>Total:</b>			

\*Totals must equal: EMR 3 hours or higher; EMT 6 hours or higher; AEMT 7.5 hours or higher\*\*

