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 or email to dph.emslicensing@ct.gov. For more about this topic please click here.

National Hours

Airway, Respiration and Ventilation	**Hours**	**Date**	**Instructors name and State**
Total:	0		

*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:	0		

*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:	0		

*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:	0		

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

Name: ______________________ **EMS Cert #** ______________________

Operations	Hours	Date	Instructors name and State
Total:	0	*Totals must equal: **EMR 1 hour** or higher; **EMT 5 hours** or higher; **AEMT 5 hours** or higher**	
Total Hours:	0	*Totals must equal: **EMR 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:	0	*Totals must equal: **EMR 8 hours** or higher; **EMT 20 hours** or higher; **AEMT 25 hours** or higher**	

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