Connecticut Department of Public Health
Office of Emergency Medical Services

Uniform EMS Continuing Education Certificate

Participant Information									
Name:									
Level of Provider:	☐ EMR	☐ EMT	☐ Advanced EMT	☐ Paramedic	☐ 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	
☐ Airway, Respiratory, Ventilation	Ventilation, Capnography, Oxygenation, Skills
☐ Cardiovascular	Post Resuscitation Care, Stroke, Cardiac Arrest, Pediatric Cardiac Arrest, Ventricular Assist Devices, Congestive Heart Failure, Acute Coronary Syndromes
☐ Trauma	Trauma Triage, CNS Injury, Hemorrhage Control, Fluid Resuscitation
☐ Medical	Special Healthcare Needs, Obstetrical Emergencies, Infectious Disease, Medication Delivery, Pain Management, Psychiatric, Toxicology, Neurology, Endocrine, Immunological
☐ Operations	At Risk Populations, Ambulance Safety, Field Triage, Hygiene & Vaccinations, Culture of Safety, Pediatric Transport, Crew Resource Management, Research, Evidence Based Guidelines
☐ 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

Print Save

T-5 Uniform CME Certificate

RCSA Sec. 19a-179-17

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