



**Connecticut Department of Public Health**  
 Office of Emergency Medical Services  
**EMS Verification Form of Continuing Education Units (CEU)**

EMR

EMT

AEMT

Applicant Information		REV 1   2026	
Name:		Date:	
Email Address:			
EMS Certification #		Phone:	

**Instructions**

1. Complete each section according to individual training Hours, Date of training and Instructor / Education Module.
2. Provide proof of training, such as certificates or transcripts; training must coincide with education listed.
3. Current [National Registry of EMT \(NREMT\) Continuing Education Requirements](#).
4. Sign and date Attestation on 2nd page of form.

**Continuing Education Hours based on NREMT Requirements**

Airway, Respiration and Ventilation	Hours	Date	Instructor / Education Module
<b>Total:</b>		Totals must equal: EMR 1.5 hours or higher; EMT 4 hours or higher; AEMT 5 hours or higher	

Cardiovascular	Hours	Date	Instructor / Education Module
<b>Total:</b>		Totals must equal: EMR 2 hours or higher; EMT 5 hours or higher; AEMT 6 hours or higher	

Trauma	Hours	Date	Instructor / Education Module
<b>Total:</b>		Totals must equal: EMR 1 hour or higher; EMT 3 hours or higher; AEMT 4 hours or higher	

Medical	Hours	Date	Instructor / Education Module
<b>Total:</b>		Totals must equal: EMR 2.5 hours or higher; EMT 6 hours or higher; AEMT 7 hours or higher	

