STUDENT/APPLICANT NAME (Pa	rint)	EMS NUMBER
STODENT/ALLEICANT NAME (LI	1111 <i>)</i>	ENIS NUMBER

AEMT RECERTIFICATION REPORT

Current healthcare provider CPR certification (must meet American Heart Association standards or equivalent) is a requirement and a prerequisite for recertification. The CPR course may not be applied toward CME hours and the CPR card shall not expire the same month your Clark County certificate expires. Recertification for AEMT status requires completion of 36 hours of CME's biennially as outlined in the District Procedure for AEMT Recertification. A certificate of completion must be submitted for all approved refresher courses, along with the course coordinator's signature on the back of this form. All additional CMEs must be notated below, along with supporting documentation.

SECTION I: REQUIRED CONTINUING MEDICAL EDUCATION (CME)

	DECLUBED	HOUDG	D.A. INT
CATEGORIES	REQUIRED HOURS	HOURS COMPLETED	DATE COMPLETED
OPERATIONAL	1 Hour		
	1 11001		
TRAUMA			
	5 Hours		
MEDICAL EMERGENCIES			
	6 Hours		
AIRWAY/BREATHING/CARDIOLOGY			
	12 Hours		
OB/PEDS			
	12 Hours		

SECTION II: CERTIFICATION

I,	, attest that I have completed the above CME hours in the			
(Print Applic	ant's Name)			
categories listed and all statements on the Recertification Report are true and correct. I understand fastatements or submission of false documents may be sufficient cause for forfeiture of the right to recertification Southern Nevada Health District.				
Southern Tevada Heatin Dis	iirct.			
	(Applicant's Signature)			
	(r-ppr)			
I,	, attest that documentation of the above listed CME hours			
(Print Na				
is on file at the training cent	er and all statements on the Recertification Report are true and correct. I understand			
	sion of false documents may be sufficient cause for forfeiture of the right to			
recertification by Southern N	Vevada Health District.			
	(Education Coordinator's Signature)			