APPLICANT NAME (Print) _____ **EMS NUMBER** _____

CRITICAL CARE PARAMEDIC/EMT-P (CC) RENEWAL REPORT

Renewal of Endorsement as a Critical Care Paramedic/EMT-Paramedic requires completion of 12 hours of continuing education specific to critical care topics biennially, in addition to the requirements for Paramedic/ EMT-P recertification as defined in the District Procedure for Paramedic/EMT-Paramedic Recertification.

SECTION I: REQUIRED CONTINUING EDUCATION (Health District approved)

CRITICAL CARE CE	HOURS COMPLETED	DATE COMPLETED

SECTION II: RENEWAL

I, _____, attest that I have completed the above CE hours in the
(Print Applicant's Name)
categories listed and all statements on this Report are true and correct. I understand false statements or submission of false documents may be sufficient cause for forfeiture of the right to renewal by Southern Nevada Health District.

_____(Applicant's Signature)

I, _____, attest that documentation of the above listed CE hours
(Print Name)
is on file at the training center and all statements on the Report are true and correct. I understand false statements or submission of false documents may be sufficient cause for forfeiture of the right to renewal by Southern Nevada Health District.

_____ (Education Coordinator's Signature)