

APPLICANT NAME (Print) \_\_\_\_\_ EMS NUMBER \_\_\_\_\_

## CRITICAL CARE PARAMEDIC RENEWAL REPORT

Renewal of Endorsement as a Critical Care Paramedic requires completion of 12 hours of continuing education specific to critical care topics biennially, in addition to the requirements for Paramedic recertification as defined in the District Procedure for 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)**