PPLICANT NAME (Print) EMS NUMBER		R
EMS INSTRUCTOR RENI	EWAL REPO	RT
Renewal of EMS Instructor endorsement requires completion of report for renewal is due in the EMS office 60 days prior to cer		
SECTION I: REQUIRED CONTINUING EDUCATION (Hea	alth District approved	1)
CATEGORIES	HOURS	DATE
(Select from one or more of the following)	COMPLETED	COMPLETED
SNHD EMS INSTRUCTOR SYMPOSIUM		
EMS INSTRUCTOR DEVELOPMENT WORKSHOP		
MISCELLANEOUS		
SECTION II: RENEWAL		
(Print Applicant's Name)	t I have completed the	
categories listed and all statements on this Report are true and correlate documents may be sufficient cause for forfeiture of the right to		
(Applicant'	's Signature)	
I,, attest that (Print Name)	t documentation of the	above listed CE hours
is on file at the training center and all statements on the Report are submission of false documents may be sufficient cause for forfeiture District.		

(Education Coordinator's Signature)