



02-0303

MICN Continuing Education Form (Temporary Pandemic Requirements)

Nor-Cal EMS Policy & Procedure Manual

ALS Certifications

Effective Date: 10/18/2020

Next Revision: 10/18/2023

Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR

SIGNATURE ON FILE

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

NAME: _____ AUTHORIZATION #: _____

EMPLOYER: _____ BASE HOSPITAL: _____

- 1. Complete a minimum of eight (8) hours prehospital care focused education of recorded or written patient care records (Field Care Audits, i.e. Run Review based on PCR) or eight (8) hours of Continuing Education (CE) credit. CE credit may be either Category 1 or 2 to fulfill requirements:

Table with 4 columns: Date, Field Care Audits / CE (Category 1 or 2)***, Where Obtained, CE's

- 2. I have completed the biennial skills competencies. A copy is attached to this application.

I certify that the above information is true and correct:

Signature

Date

*** OPTIONAL REACCREDITATION REQUIREMENTS ARE IN EFFECT UNTIL COVID RESTRICTIONS ARE LIFTED BY THE STATE.