



2403

Paramedic Continuing Education Form (Temporary Pandemic Requirements)

Nor-Cal EMS Policy & Procedure Manual

Certifications

Effective Date: 10/15/2020

Next Revision: 10/15/2023

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: _____ Paramedic #: _____

EMPLOYER: _____

- 1. Documented attendance of at least six (6) hours of Field Care Audits/Run Reviews or six (6) hours of Continuing Education (CE) credit. CE credit may be either Category 1 or 2 to fulfill requirements:

Table with 2 columns: Date, Field Care Audits / Run Review Scenario / Continuing Education (CE)***

- 2. Completion of all CQI requirements including the following certifications:

Form with checkboxes for: Healthcare provider level CPR, PALS or PEPP Certification Card, ACLS, Minimum First Responder Awareness level for hazardous materials

Signature block: I am an authorized representative for (Name of Provider Agency) provider agency. The above named Paramedic has successfully completed all required courses and trainings for Re-Accreditation in the Nor-Cal EMS region. Employer Signature, Date, Print Name, Title

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