NOR-CAL EMS	2403	Paramedic Continuing Education Form

Nor-Cal EMS Policy & Procedure Manual	Certifications
Effective Date: 11/01/2025	Next Revision: 11/2028
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

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.

Date	Field Care Audits / Run Review Scenario / Continuing Education (CE)

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

☐ Healthcare Provider level CPR
☐ PALS or PEPP Certification Card
☐ ACLS
☐ Minimum First Responder Awareness level for Hazardous Materials

3. Rosters and/or other proof of requirements may be requested by Nor-Cal EMS and will need to be submitted by applicant prior to reaccreditation.

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:***