

The Charlotte Hungerford Hospital
EMT-I / Paramedic CME Log Book
 Please include a copy of all certifications

Name: _____ Service: _____

License Number: _____ Date of Expiration: _____

Expiration Dates: BCLS _____ ACLS _____ PALS _____

CME I

Date	Location	Topic	Lecturer	Hours
EMT-P Minimum of 24 hours must be accrued per year			TOTAL Hours:	

(Attach a separate page if necessary)

CME I (Trade Magazines / Internet)

Prior approval required

Date	Topic	Source	Score	Hours
EMT-I no more than 5 / yr, EMT-P no more than 8 / yr			Total Hours:	

(Attach a separate page as necessary)

EMT-B Refresher (Intermediate only)

Date	EMT-B refresher	Course Instructor	Location	Hours
				Total Hours:

(Attach a separate page as necessary)

Provider Signature: _____

EMS Coordinator Signature: _____ Date Received: _____

DETACH AND RETURN THIS FORM TO THE EMS COORDINATOR OFFICE.