

The Charlotte Hungerford Hospital
EMT-Paramedic Continuing Education Log

Please include a copy of all certifications

Name: _____ Service: _____

License Number: _____ Date of Expiration: _____

EMT-Paramedic

Date	Location	Topic	Lecturer	Hours
24 hours per year			TOTAL Hours:	

(Attach a separate page as necessary)

Provider Signature: _____ Date: _____

EMS Coordinator Signature: _____ Date Received: _____

DETACH AND RETURN THIS FORM TO THE EMS COORDINATOR OFFICE.

