

**The Charlotte Hungerford Hospital  
AEMT Continuing Education**

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

(Attach a separate page if necessary)

**EMT-B Refresher (Intermediate only)**

Date	EMT-B refresher	Course Instructor	Location

**Include a copy of the T-4 and proof of completion of the EMT refresher**

(Attach a separate page as necessary)

Provider Signature: \_\_\_\_\_  
 EMS Coordinator Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

**DETACH AND RETURN THIS FORM TO THE EMS COORDINATOR OFFICE.**