**LOS ANGELES COUNTY EMS AGENCY**

**EMS CONTINUING EDUCATION ATTENDANCE RECORD CHECKLIST**

Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMS CEP# \_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All attendance records must include:**

Education Program Requirements:

❑ CE Provider’s name as officially on file with the EMS Agency

❑ CE Provider’s address and phone

❑ California EMS CE Provider number

❑ Course Title

❑ Course Date

❑ Number of CE hours granted

❑ Course Location

❑ Instructor(s)

❑ Classification *(may list only the classification provided)*

❑ *Instructor Based* ❑ *Non-instructor Based*

❑ Instructional Format: (may list only the format provided or plan to provide)

❑ *Lecture* ❑ *Field Care Audit* ❑ *College Course* ❑ *Clinical/Field Observation*

❑ *Teaching* ❑ *Advanced Topic* ❑ *Media/Serial Production*

❑ *Clinical/Field Precepting* ❑ *Nationally/Regionally Sponsored Course/Conference*

❑ Statement – “This record must be maintained for 4 years”

❑ Program Director’s signature

Participant Data Requirements:

❑ Participant’s Name – First and Last Name

❑ Signature of participant

❑ Professional classification of participant (EMT, Paramedic, MICN, AEMT, etc.)

❑ State Paramedic license or EMT certification (California #)

❑ County accreditation for Paramedics/AEMT/EMT or MICN certification (Local #)

❑ Employer or mailing address

❑ Performance Exam results

❑ Evaluation submitted

❑ CE certificate issued