



Los Angeles County Fire Department • Continuing Education Record
 5801 S. Eastern Avenue • Commerce, CA 90040 • 323.838.2254 • Fax 323.869.0311

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|-----------------------|-----------------------------------|--------|--|--|
| COURSE TITLE: | Class Location: | | | |
| | Prehospital CE Provider # 19-0202 | | BRN CE Provider # 14103 | |
| INSTRUCTOR(S): | Date: | Hours: | Instructor Based: | Intended Audience: |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | ALS <input type="checkbox"/> BLS <input type="checkbox"/> Both <input type="checkbox"/> |

Unrestricted Instructor-Based Categories Lecture Field Care Audit/Tape Review Skills Practice/Scenarios Clinical/Field Experience Instructor-lead Media Presentations

Restricted Non-Instructor Based Categories Precepting Teaching Indirect or Advanced Patient Care Topics Media based/Serial Productions

| 1. Print Complete Name: | Employee # | State # | LACo. # | Post-Test % | Evaluation Submitted | CE Certificate Awarded? |
|-------------------------|------------------------------|---------------------------------------|---------|-------------|----------------------|-------------------------|
| Signature: | BN/FS/Shift or Work Location | Circle One: MICN Paramedic EMT | | | | |
| 2. Print Complete Name: | Employee # | State # | LACo. # | | | |
| Signature: | BN/FS/Shift or Work Location | Circle One: MICN Paramedic EMT | | | | |
| 3. Print Complete Name: | Employee # | State # | LACo. # | | | |
| Signature: | BN/FS/Shift or Work Location | Circle One: MICN Paramedic EMT | | | | |
| 4. Print Complete Name: | Employee # | State # | LACo. # | | | |
| Signature: | BN/FS/Shift or Work Location | Circle One: MICN Paramedic EMT | | | | |
| 5. Print Complete Name: | Employee # | State # | LACo. # | | | |
| Signature: | BN/FS/Shift or Work Location | Circle One: MICN Paramedic EMT | | | | |
| 6. Print Complete Name: | Employee # | State # | LACo. # | | | |
| Signature: | BN/FS/Shift or Work Location | Circle One: MICN Paramedic EMT | | | | |

This document must be retained for a period of four years

Instructor Signature:

EMS Program Director Signature: