Torrance Memorial Medical Center
3330 Lomita Blvd. Torrance, CA 90505 310-325-9110 X 1198 CEP# 19-0029

PREHOSPITAL CONTINUING EDUCATION RECORD

Course Title_____
Course Date _____**Hours**_____**Instructor(s):**_____

This course has been approved by Torrance Memorial Medical Center, California Prehospital CEP # 19-0029

General Category: ☐ Instructor Based/Unrestricted: ☐ Lecture ☐ Field Care Audit ☐ College Course ☐ Clinical/Field Observation
☐ Nationally or Regionally Sponsored Course/Conference ☐ Advanced Topic
☐ Non- Instructor Based/Restricted: ☐ Media/Serial Production ☐ Clinical/Field Precepting ☐ Teaching

Print First and Last Name	Signature	State #	County #	Type Circle	Employer	Mailing Address	Passed Test ✔	Eval ✔	✔ CE Cert/ Dup ✔ ✔
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CE Programs must retain this record for four (4) years. M= MICN, E= EMT, P= Paramedic

Program Director Signature_____