

**TRAINING, CME, AND SKILLS MAINTENANCE DOCUMENTATION**

This form may replace all other forms used for the documentation of training, Continuing Medical Education (CME), and skills maintenance for all EMS certification levels. **The documentation of CME is the responsibility of each certified individual.** Original CME documents must be kept *FOUR YEARS* after each certification. You may complete one form for each training program (A), CME (B), practical evaluation (C), or skills maintenance (D).

(Name) \_\_\_\_\_ has successfully completed:

A. \_\_\_\_\_ Hour Department-approved Initial Training Course for \_\_\_\_\_

B. \_\_\_\_\_ Hours of MPD-approved CME on \_\_\_\_\_

C. \_\_\_\_\_ practical skill(s) in the Ongoing Training & Evaluation Program (OTEP). List each skill completed. **NOTE: Item 'C' must be signed by an approved SEI or BLS Evaluator and Evaluation Program**

D. \_\_\_\_\_ Intubations \* \_\_\_\_\_ IV Insertions \_\_\_\_\_ Other, list: \_\_\_\_\_  
\* Enter H for Human, M for Mannequin

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
MPD or Delegate/Instructor/BLS Evaluator name printed      MPD or Delegate/Instructor/BLS Evaluator signature      Date of Completion      MPD or Delegate/Instr/Eval Phone No.

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