

# PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES

## CONTINUING MEDICAL EDUCATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

EMT #: \_\_\_\_\_ Agency: \_\_\_\_\_

### Refresher Training

Subject/Module: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

(print)

Instructor Signature: \_\_\_\_\_

### Call Audit

Hospital/Agency: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Presenter Name: \_\_\_\_\_

(print)

Presenter Signature: \_\_\_\_\_

### Publication CEU's

Publication: \_\_\_\_\_

Credits: \_\_\_\_\_

Note: Attach copies of article/work assignment.

### CME Lecture

Location: \_\_\_\_\_

Lecturer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Topic: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Lecturer Signature: \_\_\_\_\_

### CME Course

Course Name: \_\_\_\_\_

Date(s): \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

### Agency Drill

Topic: \_\_\_\_\_

Officer in Charge: \_\_\_\_\_

Total Hours: \_\_\_\_\_

OIC Signature: \_\_\_\_\_

### Other CME

Type: \_\_\_\_\_ Subject: \_\_\_\_\_

Credits/Hours: \_\_\_\_\_ Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

(print)

Signature: \_\_\_\_\_