



1420 Highland Drive Washington, NC 27889  
252-940-6519

Beaufort County EMS System Yearly CE Report

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

If you have any home mailing address changes, please list below.

\_\_\_\_\_

If you have any personal or work email address changes, please list below. (To receive lecture and event invites from Division of EMS)

\_\_\_\_\_

EMS Agency Name(s) you are affiliated with:

\_\_\_\_\_

EMS Level:  EMR  EMT  AEMT  Paramedic

Year: \_\_\_\_\_

**Mandatory CE (min. 36hrs)**

Classroom Hours(min. 18hrs): \_\_\_\_\_

Online Hours: \_\_\_\_\_

Total CE for Year: \_\_\_\_\_

Yearly Skills Completed On: \_\_\_\_\_

**Optional CE tracking**

BLS CPR Expiration: \_\_\_\_\_ PHTLS Expiration: \_\_\_\_\_

PALS Expiration: \_\_\_\_\_ ACLS Expiration: \_\_\_\_\_

**\*\*\*\*All listed hours must have supporting documentation attached for verification\*\*\*\***

I hereby certify that the CE activities reported above are accurate. I understand that falsification of CE records may result in my immediate suspension and subsequent revocation from EMS privileges in Beaufort County.

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

**EMS Chief Officer Verification**

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