

Will/Grundy Silver Cross Emergency Medical Services System
EMD Continuing Education Form

Name: _____ Dispatch Agency: _____

• **Classroom/Didactic**

1) Hours: 8 Date: _____ Description: Mandatory CPR/Flip Book CE

Instructor (Print and Sign): _____

2) Hours: _____ Date: _____ Description: _____

Instructor (Print and Sign): _____

3) Hours: _____ Date: _____ Description: _____

Instructor (Print and Sign): _____

4) Hours: _____ Date: _____ Description: _____

Instructor (Print and Sign): _____

5) Hours: _____ Date: _____ Description: _____

Instructor (Print and Sign): _____

6) Hours: _____ Date: _____ Description: _____

Instructor (Print and Sign): _____

7) Hours: _____ Date: _____ Description: _____

Instructor (Print and Sign): _____

8) Hours: _____ Date: _____ Description: _____

Instructor (Print and Sign): _____

• **Clinical Experience** Total Pt Contact Hours: Date: _____

Ambulance/Fire Department: _____

Preceptor (Print and Sign): _____