



NAPA COUNTY EMS AGENCY

EMD CONTINUING EDUCATION REPORT FORM

Continuing Education for: _____

	Date:	Course Title:	Hours:
1.			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			

Total Course Hours: _____

Tape Reviews:

	Date	Hours
1		
2		
3		
4		
5		
6		

	Date	Hours
7		
8		
9		
10		
11		
12		

	Date	Hours
13		
14		
15		
16		
17		
18		

Total Tape Hours: _____

Total CE Hours: _____

EMD Center Quality Improvement Coordinator /
Communications Manager Supervisor Signature