

**Will/Grundy Emergency Medical Services System**  
**Continuing Education Form**

Name \_\_\_\_\_ WG System # \_\_\_\_\_ Site Code \_\_\_\_\_

Check one: EMT-P \_\_\_\_\_ EMT-I \_\_\_\_\_ EMT-B \_\_\_\_\_ PHRN \_\_\_\_\_ ECRN \_\_\_\_\_

- **Classroom/Didactic** Hours: \_\_\_\_\_ Date: \_\_\_\_\_

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

Description: \_\_\_\_\_

Instructor Signature (Print Name also): \_\_\_\_\_

- **Instructor Utilization** Hours: \_\_\_\_\_ Date: \_\_\_\_\_

ACLS [ ] PHTLS [ ] PALS [ ] AMLS [ ]  
PEP [ ] CME [ ]  
Other [ ] \_\_\_\_\_

Lecture \_\_\_\_\_ Practical \_\_\_\_\_ Victim \_\_\_\_\_

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

Instructor Signature (Print Name also): \_\_\_\_\_

- **Clinical Experience** Hours: \_\_\_\_\_ Date: \_\_\_\_\_

Location: Silver Cross [ ] Ad Bolingbrook [ ]  
Morris [ ] St. James(Oly) [ ]  
PSJMC [ ] St. James(Hts.) [ ]  
Palos [ ] Other [ ] \_\_\_\_\_

Clinical Area: ER [ ] OB [ ] OR [ ] PEDS [ ]  
PSYC [ ] ICU [ ] CCU [ ] TELE [ ]  
Ambulance [ ] Other [ ] \_\_\_\_\_

Preceptor (Signature/Print) \_\_\_\_\_