

Silver Cross Emergency Medical Services System
EMD Continuing Education Form

Name: _____ **Dispatch Agency:** _____

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- **Classroom/Didactic**

1) **Hours:** _____ **Date:** _____ **Description:** _____

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): _____

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- **Clinical Experience** **Total Pt Contact Hours:** __ __ **Date:** _____

Ambulance/Fire Department: _____

Preceptor (Print and Sign): _____