



EMR Reinstatement Continuing Education Record	
Name	
KEMSIS #	
Evidence of successful completion of continuing education within twelve (12) months preceding application for reinstatement that includes seventeen (17) contact hours of continuing education, of which: One (1) shall be in disaster management or mass casualty incidents; and Two (2) may be in HIV/AIDS	

Disaster Management or Mass Casualty Incidents					
Date	Subject/Topic	Training Institution Name	TEI #	Location of Class	Hours
HIV/AIDS					
Date	Subject/Topic	Training Institution Name	TEI #	Location of Class	Hours
Electives					
Date	Subject/Topic	Training Institution Name	TEI #	Location of Class	Hours

SPECIAL NOTE:
 This form serves as an organizational tool for continuing education hours. The applicant must also submit proof of continuing education course completion from the training center for the CE listed on this form.

Form: KBEMS-E48 (2/2021)