



EMT Reinstatement Continuing Education Record	
Name	
KEMSIS #	
Evidence of successful completion within twelve (12) months preceding application for reinstatement of which sixteen (16) hours shall be within mandatory topic areas:	
One (1) in disaster management or mass casualty incidents	
Two (2) in airway management	
Three (3) in patient assessment	
Four (4) in medical or behavioral emergencies	
Four (4) in trauma	
Two (2) in obstetrics or gynecology, infants, and children	

Disaster Management or Mass Casualty Incidents					
Date	Subject/Topic	Training Institution Name	TEI #	Location of Class	Hours
Airway Management					
Date	Subject/Topic	Training Institution Name	TEI #	Location of Class	Hours
Patient Assessment					
Date	Subject/Topic	Training Institution Name	TEI #	Location of Class	Hours
Medical or Behavioral Emergencies					
Date	Subject/Topic	Training Institution Name	TEI #	Location of Class	Hours

Trauma					
Date	Subject/Topic	Training Institution Name	TEI #	Location of Class	Hours

Obstetrics or Gynecology, Infants, and Children					
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.