



Paramedic Reinstatement Continuing Education Record	
Name	
KEMSIS #	
Evidence of successful completion within twelve (12) months preceding application for reinstatement of the Paramedic shall be composed of thirty (30) hours for the following subject areas:	
Two (2) Preparatory	
Four (4) Airway Management	
Five (5) Cardiac Management	
Four (4) Medical or Behavioral Emergencies	
Five (5) Trauma	
Two (2) Obstetrics and Gynecology	
Five (5) Pediatrics	
Three (3) Operations	
One (1) Disaster Management or MCI	

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

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

Cardiac Management					
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 and Gynecology**

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

**Pediatrics**

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

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

Disaster Management or MCI					
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.