Statement of Continuing Education

Please **PRINT** the requested information in the proper space. This form ***will not*** be accepted without your signature. Enclose with your recertification application.

DATE	COURSE TITLE	CE PROVIDER NAME	CE PROVIDER #	HOURS

Total Hours_____

I understand that falsification of records will result in the immediate revocation or denial of my EMT/AEMT Certification under Health and Safety Code 1798.200. I also understand that the Imperial County EMS Agency may audit the information given above to certify its accuracy.

Signature_____ Date:_____

Printed Name:_____ EMT Cert #:_____