

## PARAMEDIC RECERTIFICATION REPORT

Current healthcare provider CPR certification (must meet American Heart Association standards or equivalent) is a requirement and a prerequisite for recertification. The CPR course may not be applied toward CME hours and the CPR card shall not expire the same month your Clark County certificate expires. All other required provider cards must be current at time of recertification (attach copies). Recertification for Paramedic status requires completion of 60 hours of CME's biennially as outlined in the District Procedure for Paramedic Recertification. A certificate of completion must be submitted for all approved refresher courses, along with the course coordinator's signature on the back of this form. All additional CMEs must be notated below, along with supporting documentation.

### SECTION I: REQUIRED CONTINUING MEDICAL EDUCATION (CME)

CATEGORIES	REQUIRED HOURS	HOURS COMPLETED	DATE COMPLETED
<b>OPERATIONAL</b> _____	<b>2 Hours</b>	_____	_____
<b>TRAUMA</b> _____ _____ _____ _____ _____	<b>6 Hours</b>	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
<b>MEDICAL EMERGENCIES</b> _____ _____ _____ _____ _____ _____	<b>8 Hours</b>	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
<b>AIRWAY/BREATHING/CARDIOLOGY</b> _____ _____ _____ _____ _____ _____ _____ _____ _____	<b>16 Hours</b>	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____

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	<b>REQUIRED HOURS</b>	<b>HOURS COMPLETED</b>	<b>DATE COMPLETED</b>
<b>OB/PEDS</b>	<b>16 Hours</b>	_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
<b>ELECTIVE</b>	<b>12 Hours</b>	_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____

**SECTION II: CERTIFICATION**

I, \_\_\_\_\_, attest that I have completed the above CME hours in the  
 (Print Applicant’s Name)  
 categories listed and all statements on the Recertification Report are true and correct. I understand false statements or submission of false documents may be sufficient cause for forfeiture of the right to recertification by Southern Nevada Health District.

\_\_\_\_\_ (Applicant’s Signature)

I, \_\_\_\_\_, attest that documentation of the above listed CME hours  
 (Print Name)  
 is on file at the training center and all statements on the Recertification Report are true and correct. I understand false statements or submission of false documents may be sufficient cause for forfeiture of the right to recertification by Southern Nevada Health District.

\_\_\_\_\_ (Education Coordinator’s Signature)