

Date received at TC _____ Date mailed to MEMS _____ Date received at MEMS _____

MAINE EMS CONTINUING EDUCATION ROSTER

Date of Program _____ Print Name of Primary Instructor _____

Town/City where class was held: _____ Geographic Region Held: _____

This Roster is designed to be used for all Continuing Education Hours (CEHs) approved by Maine EMS and MEMS Training Centers. This roster must be legibly completed by the person conducting the CEH program and must be returned to the MEMS Training Center which approved the program within **THREE** days of completion of the program.

TC #	Course #	Title of Program	Category	Hours

Please Print **LICENSE #** and **NAME** CLEARLY.

Names or numbers which are illegible or omitted will not receive credit.

	Maine EMS License #	Printed Name (Print name clearly)	Signature (Must be signed by provider)
1			
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I certify that this continuing education program was conducted in accordance with the Maine EMS Rules, that the hours completed denote the actual length of the program, and that the aforementioned instructors assisted in the program. I, furthermore, certify that the people listed on the roster were in attendance for the entire program.

Signature of Primary Instructor _____ Date: _____

(Note: All instructors must add their license numbers and names to the CEH Roster in order to receive credit for the CEH program).