COUNTY OF MONTEREY | HEALTH DEPARTMENT

Emergency Medical Services Agency

1441 Schilling Place, South Building, Salinas, CA 93901 | PH: 831-755-5013 | FX: 831-755-8040

EMT Recertification / Continuing Education Log

A Minimum of **24-hours** is required.

Applicant's Name _____

License Number _____ **Date** _____

Date of Course	Instructor Based CE Course Title	Approved EMS CE Provider Name	Approved EMS CE Provider Number	Number of CE Hours

Minimum of 12-hours required.

Total Hours _____

Date of Course	Additional Approved CE Course Title	Approved EMS CE Provider Name	Approved EMS CE Provider Number	Number of CE Hours

Minimum of 24-hours required.

Total Hours _____

ACKNOWLEDGEMENT

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in the county of Monterey, California and potentially to EMT certification in California. I understand all information on this application is subject to verification, and I hereby give my express permission for the Monterey County EMS Agency to contact any employer, agency or any other person for information related to my role and function as an EMT certified in Monterey County, California.

Applicant Signature:

Signed at _____, *in* _____, *California on* _____.

(city) *(county)* *(date)*

UPDATED: 03/12/2019