

Maine EMS Continuing Education Roster

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

1. CEH PROGRAM NUMBER(s), TITLE, CATEGORY AND HOURS COMPLETED:

CEH Program Number	Title of Program	Category	Hours

2. DATE OF PROGRAM:

3. LIST OF PRIMARY INSTRUCTOR AND ANY ADDITIONAL INSTRUCTORS:

Primary Instructor: _____

Maine EMS License #	Print names of Instructor(s)

4.

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

Start Time

End Time

STUDENT ROSTER

Please Write Legibly

Title(s):

Program I.D. #:

Hours:

Program I.D. #:

Hours:

Program I.D. #:

Hours:

Program I.D. #:

Hours:

Instructor: _____

Program Date: _____

	Maine EMS Lic. #	Printed Name	Signature	Service
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