

Date received at Region _____ Date sent to MEMS _____ Date received at MEMS _____

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. Print Name of Primary Instructor:** _____

4. Location: _____ (Note: The Primary Instructor and any assistant instructors must add their license numbers and names to the CEH Roster in order to receive credit for the CEH program).

Please Print **LICENSE #** (Do not use preceding Letter) AND **NAME CLEARLY**. For attendees who hold multiple licenses (e.g., EMS, EMD, IC), list each license numbers in order to receive CEH for the program.

	Maine EMS Lic#	Maine EMD Lic#	Maine IC Cert #	Printed Name (Print name clearly)	Signature (Must be signed by provider)
1					
2					
3					
4					
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25					

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: _____