CONTINUING EDUCATION DOCUMENTATION FORM

COURSE / WORKSHOP TITLE	DATE OF COMPLETION	CE CATEGORY	HOURS	LOCATION	EMSB APPROVAL #

I hereby affirm that all the documented continuing education listed is true and correct. It is understood that false statements or documents may be sufficient cause for suspension / revocation of licensure by the NM EMS Bureau. It is also understood that the NM EMS Bureau may conduct an audit of your submitted continuing education documentation.

Applicant Signature_____ **Date** _____