Blank Department Continuing Education Report

Exp.Date / Instructor Yes or No

Exp. Date

Name:
Address:
Phone #
Date of Birth
IDPH Lic #
Level
Exp. Date
N. Registory #
Exp. Date

CPR
BTLS
PHTLS
AHTLS
ACLS
PEPP
PALS

Lead Instructor

Date	Title of Program/Topic	PAEMS Hours	Other Hours	Location of Class	IDPH Site Code	Presenter
	HOURS	0	0	TOTAL CE HOURS	0	

Training Officer Signature_____ Phone _____ Date_____