

**TRAINING, CME, AND SKILLS MAINTENANCE DOCUMENTATION**

This form may be used for the documentation of initial training, Continuing Medical Education (CME), Ongoing Training and Evaluation Programs (OTEP), and skills maintenance [EMTs with IV and/or SGA special skills, AEMTs and Paramedics only]. **The documentation and retention of original training completion documents is the responsibility of each certified individual. Complete a separate form for each of the following educational areas: (A) – Initial Training, (B) – CME, (C) – OTEP, or (D) – Skills maintenance.**

(Name) _____ has successfully completed:

A. A _____ Hour Department-approved Initial Training Course for _____

B. _____ Hours of MPD-approved CME on _____

C. OTEP - List each lesson or skill completed below:

*D. _____ Intubations _____ SGA _____ IV Insertions _____ Other, list: _____

Comments:

NOTE: Required Signatures: (A)-MPD/delegate, SEI (BLS) or MPD approved AEMT/PM instructor. (B)-MPD/delegate or CME instructor. (C)-MPD/delegate, OTEP instructor (didactic), or EMS evaluator (skills). (D) - MPD/delegate or EMS Evaluator.

Printed Name

Signature

Completion Date

Phone Number

Reset Form

Print Form

* Enter number completed and "H" for Human or "M" for Mannequin