

Continuing Education Training Record



Name: _____

Training Record for Year - _____

Address: _____

State of IL License #: _____

City _____ State _____ Zip _____

Licensure Level: _____

Phone _____

License Expiration Date: _____

Agency/Department _____

	Title/Topic of Class	Date(s) of Training	# CE Hours awarded	Location of Class	Site Code	Instructor's Name
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
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21.						
22.						
23.						

I attest that the information on this form is accurate to the best of my knowledge. Continuing Education Rosters or Certificates supporting the education contained on this form are on file with the agency listed, will be maintained for a period not less than 4 years from date of re-licensure, and may be inspected by IDPH or the EMS System at any time.

Applicant's Signature _____ Date _____ Training Officer Signature _____ Date _____