

LOS ANGELES COUNTY EMS AGENCY

CONTINUING EDUCATION CERTIFICATE CHECK LIST

Provider _____ CEP # _____

Date _____

All Continuing Education certificates must include a minimum of the following:

- CE Provider's name as officially on file with the EMS Agency
- CE Provider's address and phone number
- California EMS CE Provider number
- Topic/Title of the course
- Date of the course
- Participant's State License/Certification number
- Instructional category Instructor Based Non-instructor Based
- Statement: "This course has been approved for _____ hours of Continuing Education by an approved California EMS CE Provider # _____."
- Statement: "This certificate must be retained by the licensee for a period of four (4) years."
- Tamper resistance
- Program Director signature

Optional – Continuing Education format

- Instructor Based:** *Lecture* *Field Care Audit* *College Course*
 Clinical/Field Observation *Advanced Topic*
 National/Regional Sponsored Course/Conference
- Non-Instructor Based:** *Clinical/Field Precepting* *Teaching*
 Media/Serial Production

Memo on CE Program letterhead

- Tamper resistance methods
- Duplicate certificate issuance process