

Date received at Region _____

Date received at MEMS _____

**MAINE EMS
CONTINUING EDUCATION ROSTER**

This Roster is designed to be used for all Continuing Education Hours (CEHs) approved by Maine EMS and Regional EMS offices. This roster must be legibly completed by the person conducting the CEH program and must be returned to the EMS office, which approved the program within THREE days of completion of the program.

1. CEH Program Number(s), Title, Category, and Hours Completed:

CEH Program Number	Title of Program	Category	Hours

2. Date of Program: _____

3. Print Name of Primary Instructor: _____

(Note: The Primary Instructor and any assistant instructors must add their license numbers and names to the CEH Roster in order to receive credit for the CEH program)

I certify that this continuing education program was conducted in accordance with the Maine EMS Rules, that the hours completed denote the actual length of the program, and that the aforementioned instructors assisted in the program. I, furthermore, certify that the people listed on the roster were in attendance for the entire program.

Signature of Primary Instructor: _____

Program I.D. # ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ Hours: _____
 Program I.D. # ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ Hours: _____
 Program I.D. # ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ Hours: _____
 Program I.D. # ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ Hours: _____
 Program I.D. # ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ Hours: _____

Title(s): _____ Instructor: _____ Date: _____

PLEASE PRINT LICENSE # AND NAME CLEARLY. For attendees who hold multiple licenses (e.g., EMS, EMD, IC), list each of your license numbers in order to receive CEH for the program.

	EMS Lic #	EMD Lic #	IC Cert #	Printed Name (Print license number & name clearly)	Signature (Must be signed by Provider)	Service
1						
2						
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