

Instructions: PRINT all areas except the SIGNATURE BLANK. This form must be legible!

Submit this form if audited by the Board

ECP REFRESHER and CE VERIFICATION FORM

Name _____ State Number _____ has

(Check only that which applies)

Successfully completed a refresher program which reviews the knowledge and skills of the current curriculum, and documents continued competence at the EMR, EMT, AEMT or Paramedic level. Date: _____ Location: _____

EMT has also successfully completed 48 hours of elective continuing education topics contained within the original **EMT** course, or

AEMT has also successfully completed 36 hours of elective continuing education topics contained within the original **AEMT** course, or

PARAMEDIC has also successfully completed 24 hours of continuing education topics contained within the original **Paramedic** course, and

I recommend the individual for re-licensure as a Montana licensed out-of-hospital emergency provider at the EMR, EMT, AEMT or Paramedic level.

I am personally aware of their documentation and I verify its authenticity.

Lead Instructor: (May only sign for an EMR or an EMT without endorsements)

(Signature)

(Printed Name & License Number) (Date)

Medical Director: (Required for any EMT with any endorsement or AEMT or Paramedic)

(Signature)

(Printed Name & License Number) (Date)