## CATTARAUGUS COUNTY OFFICE OF EMERGENCY SERVICES CME PROGRAM PARTICIPANT ACTIVITY TRACKING FORM

| Name:   |                            |   |                      | Date:  |            |  |  |  |
|---|----------------------------|---|----------------------|--|------------|--|--|--|
| EMT Exp Dat   | re:                        |   |                      | ust be completed by:<br>ear prior to certification |            |  |  |  |
| All C   | CME Must be Co             | mpleted & Submitte<br>(90 days prior to I |                      | expiring)  |            |  |  |  |
| CORE CME: 26 Hours  |                            |   |                      |  |            |  |  |  |
| All 11 classes must be completed within Calendar year they are started and should be completed within year 1 or 2 of your EMT certification |                            |   |                      |  |            |  |  |  |
| Class #   | Planned Date of attendance | Location                                  | Actual Date attended | Location of class attended                         | Instructor |  |  |  |
| 1   |                            |   |                      |  |            |  |  |  |
| 2   |                            |   |                      |  |            |  |  |  |
| 3   |                            |   |                      |  |            |  |  |  |
| 4   |                            |   |                      |  |            |  |  |  |
| 5   |                            |   |                      |  |            |  |  |  |
| 6   |                            |   |                      |  |            |  |  |  |
| 7   |                            |   |                      |  |            |  |  |  |
| 8   |                            |   |                      |  |            |  |  |  |
| 9   |                            |   |                      |  |            |  |  |  |
| 10  |                            |   |                      |  |            |  |  |  |
| 11  |                            |   |                      |  |            |  |  |  |
|   |                            | NON CORE                                  | CME: 46 HO           | IRS  |            |  |  |  |
|   |                            | than 46 in the event N                    | NYS doesn't appro    | ove some hours. A max<br>ds your approved Non      | -          |  |  |  |
| Date  |                            | Topic/Location/etc                        |                      | Hours Earned                                       | Notes      |  |  |  |
|   | AHA CPF                    | R Certification (CORE                     | Class #5)            |  |            |  |  |  |
|   | Skills                     | Skills Practice (Core Class #10)          |                      |  |            |  |  |  |
|   | Skills \                   | Verification (Core Class #11)             |                      |  |            |  |  |  |
|   |                            |   |                      |  |            |  |  |  |
|   |                            |   |                      |  |            |  |  |  |
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| Date | Topic/Location/etc                      | Hours Earned | Notes        |
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|      |   |              |              |
|      | OTAL NON CORE CME HOURS EAF             | RNED         |              |
|      | es: Airway, Cardiac Arrest& CPR, Medica |              | ratory. Spec |

EMT # Page # \_\_\_\_ of \_\_\_\_ Date: