



## Office of Emergency Medical and Trauma Prevention P.O. Box 47853, Olympia, Washington 98504-7853

## TRAINING, CME, AND SKILLS MAINTENANCE DOCUMENTATION

This form may be used for the documentation of initial training, Continuing Medical Education (CME), Ongoing Training and Evaluation Programs (OTEP), and skills maintenance [Intermediate Life Support (ILS) and Advanced Life Support (ALS) only]. The documentation and retention of original training completion documents is the responsibility of each certified individual. Complete a separate form for each of the following educational areas: (A) - Initial Training, (B) - CME, (C) - OTEP, or (D) - skills maintenance. NOTE: On the signature line below, a Medical Program Director (MPD) or delegate, an approved Senior EMS Instructor (SEI) or Basic Life Support (BSL) Evaluator, must sign off BLS topics/skills documented on this form. An MPD or delegate, or an instructor/evaluator approved by the MPD must sign off ILS or ALS topics/skills documented on this form.

(Name)				has successfu	ally completed:	
<b>A.</b>	Hour Department-	Hour Department-approved Initial Training Course for				
В	Hours of MPD-app	Hours of MPD-approved CME on				
C. OTEP - List each lesson or skill completed below:						
*D	Intubations	IV Insertions	Other, list:			
Comments	:					
Printed Name		Signature		Completion Date	Phone Number	

<sup>\*</sup> Enter number completed and "H" for Human or "M" for Mannequin