NON-NATIONALLY REGISTERED EMR, AFAA and EMT CONTINUING EDUCATION REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 59299 01/2017

This form is for the Emergency Medical Responder (EMR), AFAA, or Emergency Medical Technician (EMT) who is **NOT** Nationally Registered. In order to re-license with DEMS, you must complete this form and submit it with a current EMS Registration to DEMS. Hours submitted on this form are subject to audit.

Forms submitted prior to January 1 of the year of expiration will not be accepted.

Name	Six Digit State ID

Licensure Level ☐ EMR ☐ AFAA ☐ EMT

Date	Topic	Method	Hours	Category

By signing this form you are affirming the above information is true and correct to the best of your knowledge and acknowledge the fact that this information is vulnerable to a random audit conducted by a designee of the North Dakota Department of Health.

Applicant Signature	Date

As primary training officer of the above named applicant, I attest that the above listed continuing education hours are true and correct and qualify for relicensure as a North Dakota EMS provider at the above marked level.

Training Officer Signature	Date