



STATE OF MAINE
 DEPARTMENT OF PUBLIC SAFETY
 MAINE EMERGENCY MEDICAL SERVICES
 152 STATE HOUSE STATION
 AUGUSTA, MAINE 04333



JANET T. MILLS
 GOVERNOR

MICHAEL SAUSCHUCK
 COMMISSIONER

CEH CREDIT FOR LICENSURE COURSES

J. SAM HURLEY
 DIRECTOR

This form must be completed for EACH course to be considered for credit.
Students may be required to fill out a FERPA release from their Educational Institute. The State of Maine Emergency Medical Services Bureau does not need financial or code of conduct information. Please seek guidance from your program director.

To be completed by student

Student Information				
Name		Maine EMS License #		
Email				Phone
Program of Study	EMT	AEMT	Paramedic	Other _____

To be completed by Training Center

Training Center Contact Information				
Training Center Name				
Primary Contact				
Email		Phone		
Course Instructor Information				
Name		Maine I/C Number or Degree Level		
Email		Phone		
Course Information				
Course Name				
Dates attended		Current/Final Grade		
Indicate Hours Completed (in hour or half-hour increments)				
<i>Topic Area</i>	<i>Hours</i>	<div style="border: 1px solid black; padding: 10px; background-color: #f0f0f0;"> <i>Do not include hours related to education resulting in a card/certificate, such as CPR, ACLS, PHTLS, etc</i> </div>		
Prep/Ops				
ABC				
Assessment				
Medical				
Trauma				
OB/Peds				
BLS Skills				
ALS Skills				
Verification by Course Instructor or Training Center Official				
Name				
Signature		Date		

If course is not part of an EMS licensure/certification program, please attach a course outline/syllabus

- **Excellence**
- **Support**
- **Collaboration**
- **Integrity**
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With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330