

Date Form/Attendees Entered Into eLicensing Course Record: \_\_\_\_\_

## MAINE EMS CONTINUING EDUCATION ROSTER

Date of Program: \_\_\_\_\_ Print Name of Primary Instructor: \_\_\_\_\_

Town/City where class was held: \_\_\_\_\_ EMS Region Held: \_\_\_\_\_

This Roster is designed to be used for all Continuing Education Hours (CEHs) approved by Maine EMS and MEMS Training Centers. This roster must be legibly completed by the person conducting the CEH program and must be entered into the eLicensing Course Record, along with a scanned copy of this roster, into the Documents section of the CEH course record within TEN days of completion of the program.

TC #	Course #	Title of Program	Category	Hours

Please Print LICENSE # and NAME CLEARLY.

**Names or numbers which are illegible or omitted will not receive credit.**

	Maine EMS License #				Printed Name (Print name clearly)	Signature (Attendee or initialled by instructor if virtual)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

I certify that this continuing education program was conducted in accordance with the Maine EMS Rules, that the hours completed denote the actual length of the program, and that the aforementioned instructors assisted in the program. I, furthermore, certify that the people listed on the roster were in attendance for the entire program.

Signature of Instructor or Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

(Note: All instructors must add their license numbers and names to the CEH Roster in order to receive credit for the CEH program).