



Connecticut Department of Public Health  
Office of Emergency Medical Services  
EMS Certification - Verification of CEU's Form



**EMR**

**EMT**

**AEMT**

Applicant Information				REV 4   2020
Name:		Date:		
Email Address:				
EMS Certification #		Phone:		
Signature:				

**Instructions**

1. Complete this form. 2. Save form to your desktop. 3. Upload form with your online renewal via [www.elicense.ct.gov](http://www.elicense.ct.gov). For more about this topic please click [here](#).

**National Hours**

	Hours	Date	Instructor's name & State
<b>Airway, Respiration and Ventilation</b>			
_____	_____	_____	_____
_____	_____	_____	_____
Total:		<b>**Totals must equal: EMR 1 hour or higher • EMT 1.5 hours or higher • AEMT 2.5 hours or higher**</b>	
<b>Cardiovascular</b>			
_____	_____	_____	_____
_____	_____	_____	_____
Total:		<b>**Totals must equal: EMR 2.5 hours or higher • EMT 6 hours or higher • AEMT 7 hours or higher**</b>	
<b>Trauma</b>			
_____	_____	_____	_____
_____	_____	_____	_____
Total:		<b>**Totals must equal: EMR 0.5 hour or higher • EMT 1.5 hours or higher • AEMT 3 hours or higher**</b>	
<b>Medical</b>			
_____	_____	_____	_____
_____	_____	_____	_____
Total:		<b>**Totals must equal: EMR 3 hours or higher • EMT 6 hours or higher • AEMT 7.5 hours or higher**</b>	
<b>Operations</b>			
_____	_____	_____	_____
_____	_____	_____	_____
Total:		<b>**Totals must equal: EMR 1 hour or higher • EMT 5 hours or higher • AEMT 5 hours or higher**</b>	
Total Hours:	_____	<b>**Totals must equal: EMR 8 hours or higher • EMT 20 hours or higher • AEMT 25 hours or higher**</b>	
<b>Local / Individual hours - Topics</b>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total:		<b>**Totals must equal: EMR 8 hours or higher • EMT 20 hours or higher • AEMT 25 hours or higher**</b>	