



JANET T. MILLS
GOVERNOR

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



MICHAEL SAUSCHUCK
COMMISSIONER

WIL O'NEAL
DIRECTOR

CEH CREDIT FOR LICENSURE COURSES

This form must be completed for EACH course to be considered for credit.

1. Please attach a copy of the course syllabus/outline. If the course has not yet been completed, indicate which topic(s) and date(s) of attendance are being used for CEH credit.
2. Students may be required to fill out a FERPA release from their Educational Institute. The State of Maine EMS Bureau does not need financial or code of conduct information. Please consult your program director.

To be completed by student

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

Everything below to be completed by Training Center

Training Center Name	
Primary Contact	
Email	Phone
Course Instructor Information	
Name	Maine I/C Number or Degree Level
Email	Phone
Course Information	
Course Name	<input type="checkbox"/> Included a lab/practical portion
Dates attended	Current/Final Grade

Indicate Hours **Completed** (in hour or half-hour increments)

Topic Area	Hours
Prep/Ops	
ARV	
Cardiology	
Trauma	
Medical	
Other	

Do not include hours related to education resulting in a card/certificate, such as CPR, ACLS, PHTLS, etc.

Verification by Course Instructor or Training Center Official	
Name	
Signature	Date

● Excellence ● Support ● Collaboration ● Integrity ●

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