



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

EMS AUDIT FORM

AUDIT NOTIFICATION DATE		CERTIFICATION PERIOD	
LAST NAME		FIRST NAME	
		MI	
CERTIFICATE #		CERTIFICATION LEVEL	
MAILING ADDRESS			
CITY		STATE	ZIP CODE
EMS DEPARTMENT AFFILIATION			
EMS CHIEF		MEDICAL DIRECTOR	
Do you have a current National Registry card? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Note: If you are renewing with your NREMT, complete the above portions of this form and the signature section on page 2 of this form. You must attach a copy of a current NREMT card at the level for which you renewed. You do not have to attach copies of certificates of attendance.</i>			
Did you take the test in lieu of attending continuing education? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Note: If you completed an exam in lieu of continuing education, complete the above portion of the audit form and the signature section on page 2 of this form.</i>			
DIRECTIONS: <ul style="list-style-type: none"> List all continuing education programs attended in the appropriate category. A certificate of attendance must be attached for each course listed. The certificate must clearly show the date(s) of attendance. For national courses (i.e. BTLIS, PHTLS, PALS, etc.) that do not list the hours of the course on the card issued, you must also attach a course outline which shows the course hours. If claiming pediatric or geriatric hours and the course title does not clearly reflect the subject matter, or the hours are being split between categories, a course outline must be included. If you submit a computer-generated training record from your department, the listing must include the training site CE number, and a signed and dated attestation from the program coordinator of record that you attended all classes listed for the number of hours claimed and that all classes were offered under the auspice of the CE training site number provided. 			
PEDIATRIC CE			
<i>Note: Course work in OB/GYN can only be counted as pediatric hours for that portion of the course which dealt with the care of the infant after delivery. If pediatric hours are claimed, a course schedule must be attached, along with the certificate of attendance, which reflects the hours claimed.</i>			
COURSE TITLE	DATE	HOURS CLAIMED	
COURSE TITLE	DATE	HOURS CLAIMED	
COURSE TITLE	DATE	HOURS CLAIMED	
COURSE TITLE	DATE	HOURS CLAIMED	
COURSE TITLE	DATE	HOURS CLAIMED	
COURSE TITLE	DATE	HOURS CLAIMED	
GERIATRIC CE			
COURSE TITLE	DATE	HOURS CLAIMED	
COURSE TITLE	DATE	HOURS CLAIMED	
COURSE TITLE	DATE	HOURS CLAIMED	
COURSE TITLE	DATE	HOURS CLAIMED	
COURSE TITLE	DATE	HOURS CLAIMED	
COURSE TITLE	DATE	HOURS CLAIMED	

TRAUMA CE		
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
CARDIOLOGY CE <i>Note: An AHA or ASHI Advanced Cardiac Life Support Course will be accepted as 12 hours of CE in this category.</i>		
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
OTHER TOPIC AREAS		
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
COURSE TITLE	DATE	HOURS CLAIMED
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COURSE TITLE	DATE	HOURS CLAIMED
With my signature, I affirm that the information given on this form and any additional information included with this form is true and accurate to the best of my knowledge. I further affirm that I attended each of the courses listed for the number of hours claimed and that the attached certificates are true and accurate copies of the original certificates received.		
SIGNATURE OF AUDIT CANDIDATE		DATE
X		
<p align="center"> RETURN THIS FORM ALONG WITH ANY ATTACHMENTS TO: Ohio Department of Public Safety, Division of Emergency Medical Services 1970 West Broad Street, PO Box 182073 Columbus OH 43218-2073 PHONE: (800) 233-0785 or (614) 466-9447 FAX: (614) 995-7012 or (614) 466-9461 </p>		