



M A S S A C H U S E T T S
OFFICE OF EMERGENCY MEDICAL SERVICES
 DEPARTMENT OF PUBLIC HEALTH

Unaffiliated Continuing Education Record Audit Sheet

This document is intended for EMS personnel who are Massachusetts certified as EMT-B, EMT-I, or EMT-P who do not have an agency to affiliate with for continuing education review and submission. For such EMS personnel, the regional EMS offices will act as reviewers of recertification requirements. This document must be used to list any courses that do not appear on the OEMS "EMT Continuing Education Credit Hours Archive"

MA EMT NUMBER	PLEASE PRINT CLEARLY IN BLACK OR BLUE INK			
FIRST NAME (space) MIDDLE INITIAL (space) LAST NAME				
MAILING ADDRESS or PO BOX				CITY
STATE	ZIP CODE	PRIMARY PHONE	EMAIL ADDRESS	

The below courses <u>DO NOT</u> appear on the continuing education look up. All courses listed below <u>MUST</u> include attached proof of completion and be <u>prior approved</u> .				
Course Date	OEMS #	Program Title	Sponsor / Location	Continuing Education Hours

The below courses **DO NOT** appear on the continuing education look up.
All courses listed below **MUST** include attached proof of completion and be prior approved.

Course Date	OEMS #	Program Title	Sponsor / Location	Continuing Education Hours