PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES

CONTINUING MEDICAL EDUCATION FORM

Refresher Training Subject/Module: Location: Start Time: End Time: Total Hours: Title: Instructor Name: Topic: (print) Start Time: End Instructor Signature: Total Hours:	
Subject/Module:	
Start Time: End Time: Lecturer Name: Total Hours: Title: Instructor Name: Topic: (print) Start Time: End Instructor Signature: Total Hours: Lecturer Signature: Start Time: End Time: Course Name: Total Hours: Date(s): Presenter Name: Instructor Name: Total Hours: Total Hours:	ure
Total Hours: Title: Instructor Name: (print) Instructor Signature: Total Hours: Call Audit Lecturer Signature: Start Time: End Time: Total Hours: Course Name: Total Hours: Date(s): Presenter Name: Instructor Name: Total Hours: Total Hours: Total Hours: Total Hours:	
Topic: End	
Start Time: End	
Start Time: End	
Total Hours: Call Audit Lecturer Signature: CME Coul Course Name: Start Time: End Time: Course Name: Total Hours: Date(s): Presenter Name: Instructor Name: (print) Total Hours:	l Time:
CME Countries	
Start Time:	
Date(s): Presenter Name: Instructor Name: (print) Total Hours:	rse
Presenter Name: Instructor Name: Total Hours:	
Total Hours:	
Total Hours:	
Presenter Signature: Instructor Signature:	
Publication CEU's Agency D)rill
Publication: Topic:	
Credits: Officer in Charge:	
Note: Attach copies of article/work assignment. Total Hours:	_
OIC Signature:	
Other CME	
Type: Subject:	
Credits/Hours: Approved by: Title:	
Signature: (print)	