

**CE Credit Form for Initial Education**

To: Georgia Office of EMS and Trauma

Date: _____

RE Student Legal Name: _____

RE Student License Level and #: _____

Institution Name: _____

Course Approval #: _____

The above student has been actively enrolled in our (EMT/AEMT/Paramedic) initial education course beginning on (date). At the time of this letter, the student has completed the hours defined in the topics below:

- CEU: Provider - Airway/Respiration/Ventilation _____
- CEU: Provider - Cardiovascular/Stroke _____
- CEU: Provider – Medical _____
- CEU: Provider – Operations _____
- CEU: Provider – Pediatrics _____
- CEU: Provider – Trauma _____
- CEU: Provider - OTHER-GENERAL _____

Program Director/Course Coordinator (Print): _____

Program Director/Course Coordinator (Signed): _____ Date: _____

*If the program director is not also the course coordinator, then the Course Coordinator will need to sign as well.

Course Coordinator (Print): _____

Course Coordinator (Signed): _____ Date: _____

To submit this form, please verify:

- This template must be on official letter head.
- This form must have “wet” signatures.
- We will only accept PDF.
- CEU’s must fall within the renewal period for this student.
- Does not include BLS or ACLS.
- No hours may be duplicated, if the licensee obtained a certificate during the course such as NAEMT those hours cannot be counted.
- Must be able to verify student hours via log in or rosters.

Once completed the provider should upload this document into their training report on the LMS and award the hours indicated in the categories above.