

**ARIZONA DEPARTMENT OF HEALTH SERVICES
CONTINUING EDUCATION PROGRAM
701 EAST JEFFERSON, 4TH FLOOR*PHOENIX, AZ 85034**

CONTINUING EDUCATION FORM

Name: _____ Cert. Level _____ Cert. # _____
Expiration date: _____

DATE(S) AND TIME OF PROGRAM

PLACE: _____

DATE: _____

TIME: _____

Type of program (check one)

COLLEGE COURSE - Evidence of completion of course described below. (3hrs/credit hr for CE courses)

BASE STATION RUN REVIEWS- 1 SESSION = 1 HR. CE

CONFERENCE/DIDACTIC/LECTURE SESSION- 1HR = 1 CE

SUPERVISED CLINICAL EXPERIENCE- 2 HRS = 1 CE

SKILLS WORKSHOP- 1 HR = 1 CE

SUPERVISED AUDIO-VISUAL- 1 HR = 1 CE

TEACHING- 1 HR = 1 CE

ACLS- 1 HR = 1 CE

BLS- 1 HR = 1 CE

SUPERVISED FIELD VEHICULAR EXPERIENCE- 2 HRS = 1 HR CE

MEDICAL RUN REVIEW- 1 SESSION = 1 CE

DESCRIPTION: Review of Sepsis—Protocol Changes

Presented by:

Instructor(s)/ Coordinator(s).

Tish Arwine, RN	Dr. Dale Curtis
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This is to certify that the information provided above is true to the best of my knowledge.
