<u>CEUs by EMT Course Audit:</u> Office of Emergency Medical Services and Trauma Systems

EMT Name:_____EMT#_____

Training Site:_____Instructor(s)_____
(Name, Signature, EMT#)

EMT Course Dates:_____-_____Course Location:_____

Lesson #	Subject	Max	Hours	Date Attended	Inst Initial
1	Introduction	1.5			
2	Well Being of EMT Basic	1.5			
3	Medical/Legal and Ethical Issues	1.5			
4	The Human Body	2.5			
5	Baseline Vital Signs & Sample History	2			
6	Lifting and Moving Patients	3			
7	Airways	4			
8	Skills Lab/Airway	2			
9	P.A./Scene Size Up	0.5			
10	P.A./Initial Assessment	1			
11	P.A./Focused History & Physical Exam-Trauma Pt.	4			
12	P.A./Focused History & Physical Exam – Medical Pt.	2			
13	Detailed Physical Exam	1			
14	On-Going Assessment	1			
15	Communications/Ambulance Operations/Document	3.5			
16	Skills Lab – Patient Assessment	3			
17	General Pharmacology	1			
18	Respiratory Emergencies/Haz-Mat	4.5			
19	Cardiovascular Emergencies	7			
20	Diabetes/Altered Mental Status & Allergies	4			
21	Poisoning/Overdose Emergencies	2			
22	Environmental Emergencies	2			
23	Behavioral Emergencies	1.5			
24	Obstetrics/Gynecology	2			
25	Skills Lab – Medical/Behavioral/OB/GYN	4			
26	Bleeding & Shock	2			
27	Soft Tissue Injuries	2			
28	Musculoskeletal Care	4			
29	Injuries to the Head and Spine	4			
30	Skills Lab – Trauma	3			
31	Infants & Children/Skills Lab	6			
32	Gaining Access	1			
33	Overviews	2			
	TOTAL	86			