

PARAMEDIC NAME		AGENCY	LICENSE #
RESUSCITATION TRAINING		TARGET DATE	DATE ATTENDED
1.	ACLS	EMS Office Use	PROVIDER NUMBER
2.	Pediatric Course	EMS Office Use	
3.	CAM Course	EMS Office Use	
EMS UPDATE (Held in Spring and Fall each year)		TARGET DATE	DATE ATTENDED
4.	EMS Update #1	EMS Office Use	
	EMS Update #2	EMS Office Use	
	EMS Update #3	EMS Office Use	
	EMS Update #4	EMS Office Use	
MCI COURSE (Refresher course required every 2 years)		TARGET DATE	DATE ATTENDED
5.	Ventura County MCI Course	EMS Office Use	
PARAMEDIC SKILLS VERIFICATION		TARGET DATE	DATE VERIFIED
6.	Agency Skills Verification	EMS Office Use	

This tracking sheet must be submitted at time of Paramedic Accreditation Reverification as outlined in VCEMS Policy