

# CECBEMS CEH Data Collection Form

American Safety & Health Institute

Please print or type.

## Instructions

### Students:

Continuing Educations Hours (CEH) for EMS professionals are available from the Health and Safety Institute (HSI), a Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) Accredited Organization. To ensure receipt and proper reporting of your CEH to the state or NREMT via CECBEMS, please provide all requested information.

## Instructors/Training Centers:

The Training Center Director must purchase credits for CECBEMS CEH and submit the EMS Professional's information to HSI on an electronic roster. The roster is located in the online Training Center Manager. Once the EMS Professional's is entered into the system and submitted, HSI will report the CEH electronically to the CECBEMS Accreditation Management System. Training Centers will also have the option of printing or emailing a certificate of CECBEMS CEH to the student directly from Training Center Manager.

#### **EMS Professional Information:**

| Full Name                    |               |             |                    |                  |                    |                        |                   |  |
|------------------------------|---------------|-------------|--------------------|------------------|--------------------|------------------------|-------------------|--|
| Mailing Address              |               |             |                    |                  |                    |                        |                   |  |
| City                         |               |             |                    | S                | tate               | Zi                     | p                 |  |
| mail                         |               |             |                    | _ Telephone      |                    |                        |                   |  |
| NREMT (complete this se      | ction if CEH  | is to be re | ported to N        | REMT)            |                    |                        |                   |  |
| License State                |               |             |                    |                  |                    |                        |                   |  |
| License CE Level (check one) |               |             | ☐ EMR<br>t ☐ EMT-2 |                  |                    | ☐ EMT-B<br>edic ☐ Othe | ·                 |  |
| Expiration Date              |               |             |                    |                  |                    |                        |                   |  |
| NREMT License Number         |               |             |                    |                  |                    |                        |                   |  |
| License City                 |               |             |                    |                  |                    |                        |                   |  |
| Level (check one)            | sic 🗆 Ad      | vanced l    | ☐ Operation        | nal 🗆 Mar        | nagement           | ☐ Educator             | ☐ First Responder |  |
| State License (complete t    | his section i | f CEH is to | be reporte         | d to State A     | gency)             |                        |                   |  |
| License State                |               |             |                    |                  |                    |                        |                   |  |
| License CE Level (check one) |               |             | ☐ EMR<br>t ☐ EMT-2 | □ EMT<br>□ EMT-P | ☐ EMT-1<br>☐ Param |                        | ·                 |  |
| Expiration Date              |               |             |                    |                  |                    |                        |                   |  |
| State License Number         |               |             |                    |                  |                    |                        |                   |  |
| License City                 |               |             |                    |                  |                    |                        |                   |  |
| Level (check one)            | sic 🗆 Ad      | vanced l    | ☐ Operation        | nal 🗆 Mar        | nagement           | ☐ Educator             | ☐ First Responder |  |