

**NON-NATIONALLY REGISTERED EMR, AFAA and EMT
CONTINUING EDUCATION REPORT**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
EMERGENCY MEDICAL SYSTEMS UNIT
SFN 59299 (12/2022)



This form is for the Emergency Medical Responder (EMR), AFAA, or Emergency Medical Technician (EMT) who is **NOT** Nationally Registered. In order to re-license and practice within the state of North Dakota, you must complete this form and submit it, along with a current EMS Registration Form, to the Emergency Medical Systems Unit. Hours submitted on this form are subject to audit.

Forms submitted prior to January 1 of the year of expiration will not be accepted.

Name	Six Digit State ID
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Licensure Level EMR AFAA EMT

Date	Topic	Method	Hours	Category

Total Number of CEUs	
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By signing this form, you are affirming the above information is true and correct to the best of your knowledge and acknowledge the fact that this information is vulnerable to a random audit conducted by a designee of the Department of Health and Human Services.

Applicant Signature	Date
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As primary training officer of the above-named applicant, I attest that the above listed continuing education hours are true and correct and qualify for relicensure as a North Dakota EMS provider at the above marked level.

Training Officer Signature	Date
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This form may be completed and mailed to:
Department of Health and Human Services
Emergency Medical Systems Unit 1720
Burlington Dr – Suite A
Bismarck ND 58504-7736

You may also submit the completed form via e-mail to dems@nd.gov or via fax at 701-328-0357.

Our website is: www.hhs.nd.gov

For questions, call our office at 701-328-2388 or e-mail us at dems@nd.gov.

