AMERICAN MEDICAL RESPONSE CONTRA COSTA COUNTY CONTINUING EDUCATION PAY REQUEST FOR FULL TIME EMT'S AND PARAMEDICS

Complete the information below and attach <u>copies</u> of your Continuing education Certificates for continuing education courses completed off-duty. Copies of course cards will not be accepted. In the event of an audit by the state EMS Authority, you must have original certificates for all continuing education used for re-licensure. Turn this form and copies of the CE certificates to the local CES Manager. (Up to 48 hours for Full Time Paramedics and 24 hours for Full Time EMTs)

Employe	e Name:					
		(Last Name)		(First Name)		
Employee Number: Date Submitted:		Contra	Contra Costa County			
		Job Title:EMTParamedic				
Date	Cou	ırse Title	Provider Name	Provider Number	Hours	
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	/76	7 77.,. 7	 ace, please use another CE Pay r			
	that the above	e hours and attach	ned documentation is true ardical Response by any other	nd accurate and <i>has i</i>	not	
Employee Signature		2	Date			
		CES	S Department Use Only			
Hours of Continuing Education Approved for pay as time worked.						
		Clinical Manager		Date		
		Hou	rs remaining for year 20			