



CE Verification Request Form

Please be advised, that _____ (print NLC EMS Provider name) is requesting that the following activity be considered for Continuing Education credit.

Description of activity:

Date of activity:

Time started and completed:

Identify at least one objective or goal of the activity:

Please print name of instructor

Signature of instructor

Signature of NLC EMS Provider

Mary O'Connor, RN
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North Lake Co. EMS/Vista Health