

EMS Clinician Information	
EMS Clinician Name	
Iowa EMS Certification #	
Certification Period	

EMS Continuing Education course hours must be identified with one or more core topics. The number of hours may be split among core topics, but the sum of the hours split may not exceed the total hours awarded for the continuing education course that was completed.

The table below is for reference to identify the amount of CEHs needed per topic to meet renewal requirements.

Core Topics	EMR/FR	EMT/EMT-D	AEMT	Paramedic
Airway, Respirations, Ventilations (A)	1	1	2	3
Cardiology (C)	2	6	7	9
Trauma (T)	1	2	3	3
Medical (M)	3	6	8	9
Operations (O)	1	5	5	6
Totals	8	20	25	30

THIS TABLE IS TO BE FILLED OUT BY THE IOWA EMS CLINICIAN

*If the course is not sponsored by an lowa EMS Training Program, you will need to provide copies of certificates of completion.

Date	Sponsor Number*	Program Title	Total# CEHs	# A CEHs	# C CEHs	# T CEHs	# M CEHs	# O CEHs

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Date	Sponsor Number*	Program Title	Total # CEHs	# A CEHs	# C CEHs	# T CEHs	# M CEHs	# O CEHs	
TOTAL									
I hereby certify that the information provided in this audit report is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in the denial, probation, suspension, or revocation of my lowa EMS certification(s). I also understand that I am required to update answers or information submitted herewith if the response or the information changes. In submitting this audit report, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I have provided on or in conjunction with this audit report.									
EMS Clinicia	n's Signature		Date						