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|  | Logo for Massachusetts Office of Emergency Medical Services Department of Public Health  **Unaffiliated Continuing Education Record Audit Sheet** |  |

*This document is intended for EMS personnel who are Massachusetts certified as EMT-B, EMT-I, or EMT-P who do not have an agency to affiliate with for continuing education review and submission. For such EMS personnel, the regional EMS offices will act as reviewers of recertification requirements. This document must be used to list any courses that do not appear on the OEMS “EMT Continuing Education Credit Hours Archive”*

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| **MA EMT NUMBER** | | **PLEASE PRINT CLEARLY IN BLACK OR BLUE INK** | | | |
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| **FIRST NAME (space) MIDDLE INITIAL (space) LAST NAME** | | | | | |
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| **MAILING ADDRESS or PO BOX** | | | | | **CITY** |
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| **STATE** | **ZIP CODE** | | **PRIMARY PHONE** | **EMAIL ADDRESS** | |
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| **The below courses DO NOT appear on the continuing education look up.**  **All courses listed below MUST include attached proof of completion and be prior approved.** | | | | |
| **Course Date** | **OEMS #** | **Program Title** | **Sponsor / Location** | **Continuing Education Hours** |
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| **Course Date** | **OEMS #** | **Program Title** | **Sponsor / Location** | **Continuing Education Hours** |
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