





Iowa Department of Public Health  
Bureau of Emergency and Trauma Services  
EMS Provider Continuing Education Audit Report

Core Topic Area: Medical			

Topic Area: Operations			

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 Iowa 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 Provider’s Signature

\_\_\_\_\_  
 Date