

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

EMS Provider Information		
Provider Name		
EMS Certification #		
Certification Period		

	Documentation of Continuing Education Completed During the Above Certification Period				
Date	Sponsor Number	Program Title Copic Area: Airway, Respirations, Ventilations	CEHs		
	Core T	opic Area: Airway, Respirations, Ventilations			
		Cora Tonia Araa: Cardiology			
		Core Topic Area: Cardiology			
	L	Core Topic Area: Trauma			



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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