



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

Training and Continuing Education Student Recap

Training Program Name _____ **CE Provider No** _____

Mailing Address _____ **City** _____ **ST** _____ **ZIP** _____

Training Site(s) Address _____ **City** _____ **ST** _____ **ZIP** _____

Course Director _____

Reporting Year (July 1 – June 30) _____ **to** _____

The following report must be submitted to ICEMA by all Training Courses and Continuing Education providers by July 15 each year whether or not any courses or CEs were provided.

Program Level (total number of students completing training reporting year)

Emergency Medical Response (EMR)

New _____

Renewal _____

Update _____

Emergency Medical Technician – Paramedic (EMT-P)

New _____

Renewal _____

Update _____

NREMT Transition _____

Emergency Medical Technician (EMT)

New _____

Renewal _____

Update _____

NREMT Transition _____

Mobile Intensive Care Nurse (MICN)

New _____

Renewal _____

Update _____

Advanced Emergency Medical Technician (AEMT)

New _____

Renewal _____

Update _____

Continuing Education

All CE Courses (not included above) _____