

Appendix: E	PDN: 6012.02	Last Updated: May 1, 2009	Subject: Continuing Education Unit Form (CEU)	Page 1 of 1
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Continuing Education Unit (CEU) Form

Return Completed form by fax to (902) 424-1781 or by mail to:

Emergency Health Services, Attention: Registrar

239 Brownlow Ave, Suite 200 Dartmouth, NS B3B 2B2

E-mail: registrarehs@gov.ns.ca

Refer to Policy 6012, Appendix A, Paramedic Log Book & Information Guide for examples of activities/education options and the assignment of credits per hour

DATE:	
NUMBER OF HOURS:	NUMBER OF CREDITS:
TOPICS	
1.	
2.	
3.	

	<i>NAMES: (Please Print)</i>	<i>IDENTIFICATION #'s</i>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

Instructor's Name: _____ *Instructor's Signature:* _____ *(Please Print)*

FOR REGISTRAR'S USE ONLY

Approved: Yes No

Number of Credits: _____