

NAME: _____

NHSHP Affiliation: _____

**NHSHP CME LOG
2008-2010**

DAY #1 Date	LOCATION	HOURS

DAY #2 Date	LOCATION	HOURS

DAY #3 Date	LOCATION	HOURS

OR

Airway, Breathing, Cardiology (16hrs)

DATE	LOCATION	TOPIC	HOURS

Medical (8hrs)

DATE	LOCATION	TOPIC	HOURS

Trauma (6hrs)

DATE	LOCATION	TOPIC	HOURS
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OB/Peds (16hrs)

DATE	LOCATION	TOPIC	HOURS

Electives (24hrs)

DATE	LOCATION	TOPIC	HOURS

Practical Skills Workshop

Date	Location	Topic	Hours
		PSW	4
		PSW	4

Protocol Exam

Date	Location	Topic	Completed Y/N
		Protocol Exam	
		Protocol Exam	

Certification Expiration

BLS	ACLS	PALS	PEPP