

SAN JOAQUIN COUNTY  
EMERGENCY MEDICAL SERVICES AGENCY

TITLE: **EMS DISPATCHER CONTINUING EDUCATION LOG** EMS Policy No. **2101A**

EMS Dispatcher Name: \_\_\_\_\_

EMS Dispatcher Accreditation #: \_\_\_\_\_

Continuing Education Log (Attach a copy of each CE certificate listed)					
	Date of Course	CE Provider	CE Provider No.	Class Location	CE Hours
1.					
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27.					
28.					
29.					
30.					
31.					
32.					
Total Hours:					

\*Please use additional pages if needed

ALS Observation Ride Time				
Date	ALS Provider	Signature of Paramedic	Time Started	Time Complete
Total Hours:				
Call Audits				
	Date of Review	Date & Time of Call	Incident #	Signature of EMD QI Coordinator
1.				
2.				
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24.				

\*Please use additional pages if needed

\_\_\_\_\_  
EMS Dispatcher Signature

\_\_\_\_\_  
Date

Falsification of any of the accreditation/reaccreditation documents will result in the denial of the application with prejudice.